2015

Fellowship Application User Manual

Canadian Breast Cancer Foundation ONTARIO

Physicians and Allied Health Professionals Fellowship Awards

Copyright © 2015 Canadian Breast Cancer Foundation. All rights reserved.
All company, product and service names may be trademarks or registered trademarks of their respective owner(s).

New in Fall 2015!

Revised criteria for **Allied Health Professional (AHP)** Fellowships include:

- Mandatory **Intent to Apply**.
- Mandatory **proof of current and valid certification, registration or licensure** granted by the corresponding Canadian, provincial or territorial regulatory body (please see **page 6** for detailed information).
- Option to indicate specific funding requested, for academic or clinical (M/PhD) training stream (please see page **54** for detailed information).

Reminder

- All applicants are requested to complete an **Intent to Apply.**
- In addition to naming a supervisor it is mandatory for the Physician Fellow to name a mentor (Please see **Section 8.9** for detailed information).
- A third category was added to include, Allied Health Professionals in both the advanced research stream and advanced academic or clinical training stream. Both streams have the option of either full-time or part-time funding.
- Valid transcripts may be uploaded directly onto the WebGrants online application in the *Attachments* component (Please see **page 6** for detailed information).

Intent to Apply Deadline: Thursday, September 17th, 2015, no later than 5:00 p.m. (ET).

Application Deadline: Applications must be finalized and submitted online on WebGrants by **Thursday, October 15th, 2015, no later than 5:00 p.m. (ET).**

Table of Contents

1. Using this Manual **4**

2. General Guidelines for Applicants **5**

3. How to Apply for Fellowship Funding **7**

4. Preparing to Use the WebGrants System **8**

5. Navigating WebGrants **11**

6. Main Menu Instructions **14**

7. Intent to Apply Components **17**

8. Fellowship Application Components **18**

8.1 General Information **18**

8.2 Fellowship Category and Funding Duration **21**

8.3 CSO Coding **22**

8.4 Lay Language Summary of Project / Academic or Clinical Training **23**

8.5 Fellowship Objectives (Aims) **24**

8.6 Detailed Project Proposal **25**

8.7 Anticipated Impact/Relevance to Breast Cancer **29**

8.8 Abstract **30**

8.9 Fellowship Applicant, Supervisor(s) and Mentor **31**

8.10 Resubmission **36**

8.11 Present Position and Duties **39**

8.12 Location(s) of Fellowship **40**

8.13 Required Research Certificates/Approvals **41**

8.14 Knowledge Translation Plan **44**

8.15 Overlapping Funding for Fellow Stipend **47**

8.16 Funding to Cover Research and Other Expenses **49**

8.17 References **51**

8.18 Attachments **53**

8.19 Host Organization **56**

8.20 Host Organization Certification **58**

8.21 Suggested Reviewers to Include **59**

8.22 Suggested Reviewers to Exclude **61**

8.23 Submitting your application for assessment **62**

1. Using this Manual

This manual and *Fellowship Program and Policy Handbook Fall 2015* (which can be downloaded from www.cbcf.org/ontario/ApplyForGrants) contain detailed criteria, guidelines and instructions to help you prepare an Intent to Apply and an application to the Fall 2015 **Canadian Breast Cancer Foundation - Ontario Region Fellowship Program.** Please ensure that you meet all eligibility requirements and understand funding guidelines prior to preparing a funding application.

Applicants are encouraged to contact Canadian Breast Cancer Foundation - Ontario Region Allocations staff with any questions or clarifications on the Foundation's fellowship program objectives, funding priorities, or Intent to Apply and application requirements by email at: cbcfallocations@cbcf.org.

After you have confirmed your eligibility to apply to the Fellowship Program, please follow the detailed instructions to complete your application using the online WebGrants system.

Canadian Breast Cancer Foundation Statement on Privacy and Confidentiality

The information requested on the Fellowship Application form is being collected to enable the Foundation to process and respond to your request for funding. The Foundation values your privacy and will keep all information in strict confidence except as noted herein.

Your proposal will be reviewed by employees and agents of the Foundation as necessary to ensure that it is suitable for formal review. The proposal will also be disclosed to peer reviewers for the purpose of soliciting their commentary, and to Advisory Committees and the Board of Directors as required to inform the decision-making and approval process. The Foundation will use your contact information for future correspondence and to keep you informed of our activities.

Disclosures and Information in the Public Domain

Summary data on the number of applications received, funding requested, number of proposals approved, total funding approved, areas of investigation and geographic representation are disclosed. Only funded Fellows, their Supervisor(s), and Host Organizations are publicly identified. Lists of Advisory Committee members and grant reviewers are made public following the completion of the grant review process. The Foundation provides information on funded projects to the Canadian Cancer Research Alliance for posting to their online database of cancer research in Canada (www.ccra-acrc.ca/), and on the International Cancer Research Portfolio website (www.cancerportfolio.org).

How to Contact Canadian Breast Cancer Foundation - Ontario Region

Please contact Canadian Breast Cancer Foundation - Ontario Region Allocations Staff regarding any questions or clarifications on Foundation policies, procedures and guidelines at: cbcfallocations@cbcf.org

2. General Guidelines for Applicants

Intent to Apply and Application Process

Download the *Fellowship Program and Policy Handbook* from the CBCF-Ontario Region website: www.cbcf.org/ontario/ApplyForGrants and review in detail to determine whether your proposed project meets CBCF-Ontario Region eligibility requirements.

Use the *Fellowship Application User Manual – Fall 2015* as your guide to completing your Intent to Apply and application for funding. Together, the *Fellowship Program and Policy Handbook* and the *Fellowship Application User Manual* provide all the information applicants require to submit an Intent to Apply form and an application for Fellowship funding to CBCF-Ontario Region.

If you are eligible, register to use the WebGrants system (http://webgrants.cbcf.org/). Please note that it may take up to two business days to process your request for a new registration. If you have applied to CBCF previously, please log on to the WebGrants system using your existing User ID and Password.

Application Quality

The Foundation is committed to funding the highest quality research and clinical/professional training, with demonstrated relevance to and impact on the issue of breast cancer. Through a rigorous review process, the Foundation commits to arriving at funding decisions in a manner that is fair, transparent and equitable. The Foundation expects applicants to prepare competitive fellowship proposals that meet program criteria, are clear and complete in all respects and free of error. The same meticulous attention to detail that is required for preparation of a scientific paper for publication should guide applicants in the preparation of their proposal to the Foundation.

Application Formatting

In order to ensure fair treatment of all applicants, applications must meet program criteria, be complete in all respects and fully adhere to formatting requirements to be eligible for peer review. Applications not adhering to specified formats or criteria will be ineligible for peer review without appeal.

Intent to Apply Submissions

All Intent to Apply forms must be submitted using CBCF's online WebGrants system. Intent to Apply must be finalized and submitted by **Thursday, September 17th, 2015, no later than 5:00 p.m. (ET).**

Application Submission

All applications must be submitted using CBCF's online WebGrants system. Applications must be finalized and submitted by **Thursday, October 15th, 2015, no later than 5:00 p.m. (ET).**

Letters of Reference, Transcripts and Proof of Certification, Registration or Licensure:

Letters of reference: Signed letters of reference in unsecured **PDF format** must be emailed by the referees to, and received by, Ms. Deanna Slapack (Email: dslapack@cbcf.org) by **Thursday, October 15th, 2015 no later than 5:00 p.m. (ET).** It is the responsibility of the applicant to follow up with referees to ensure that letters of reference are submitted within the required timeframe.

Official transcripts are to be uploaded directly onto the WebGrants online application in the *Attachments* component by the deadline of, Thursday October 15th, 2015, no later than 5 p.m. (ET). (Official transcripts are those issued by the Registrar's Office to the applicant. The applicant may open and scan the official transcripts to upload onto WebGrants. Transcripts printed from the applicant's personal university account are not considered to be official).

Certified true copies of official transcripts are permitted for studies undertaken outside of North America; these are to be uploaded directly onto the WebGrants online application in the *Attachments* component by the deadline of, Thursday October 15th, 2015, no later than 5 p.m. (ET). (A certified true copy is defined as a copy of the original document or of the original translated document if official transcript is not in either English or French that has been certified to be a true copy of the original document by a commissioner of oath such as a notary or lawyer. The copy must bear the original signature and stamp of the official authority).

Proof of current and valid Certification, Registration or Licensure, *as applicable*, is to be uploaded directly onto the WebGrants online application in the *Attachments* component by the deadline of, Thursday October 15th, 2015, no later than 5 p.m. (ET). (Proof of current and valid certification, registration or licensure issued by the corresponding Canadian, provincial or territorial regulatory body to the applicant; for example, copy of annual membership card with expiry date. The applicant may scan the official certification to upload onto WebGrants).

Late or Incomplete Applications and Required Documents

Late or incomplete application packages will not be accepted. The WebGrants system will not allow submission of applications **later than 5 p.m. (ET) on Thursday, October 15th, 2015.** Applications missing any required Letters of Reference, Original and/or Certified Transcripts or Proof of Certification, Registration or Licensure may be considered incomplete and ineligible for formal review.

Eligibility Screening and Notification

Applications are carefully screened for eligibility prior to being assigned for peer review. Applicants will be informed by email no later than **Friday, December 11th, 2015** whether their proposal is eligible for peer review.

If the application is ineligible for peer review the Applicant will be provided with the reason(s) for which the application is ineligible.

Fellowship Start Dates

If funded, Fellowships may commence July 1st or September 1st, 2016.

Notification of Funding Decisions

Preliminary Notification: April, 2016

Detailed Letter and Feedback: May, 2016

3. How to Apply for Fellowship Funding

This manual provides a step-by-step guide to completing your Intent to Apply and application for Fellowship funding online, using the WebGrants system.

Applicants are strongly encouraged to begin the application process early. It is the applicant's responsibility to ensure they allow sufficient time for securing required documents and signatures in time for submission by application deadlines.

Applicants must:

- carefully follow all instructions in this *User Manual* and refer to information provided in the *Handbook* as appropriate
- complete all Intent to Apply and application components, responding to all questions in each component
- carefully review their entire application prior to submission

In order to ensure fair treatment of all applicants, applications which are incomplete or do not adhere to specified criteria or formatting will be ineligible for peer review, without appeal.

For Assistance

Answers to most questions applicants may have will be found in the *Fellowship Program and Policy Handbook* and this *User Manual*. If, after consulting these reference documents, you have further questions or require additional assistance, or require help with technical aspects of the WebGrants system, please contact the CBCF-Ontario Region office by email at: cbcfallocations@cbcf.org.

Email is monitored during regular office hours (9am-5pm ET, Monday to Friday). The Foundation will reply within one business day to all requests for assistance.

4. Preparing to Use the WebGrants System

This section explains the steps involved in gaining access to the WebGrants system.

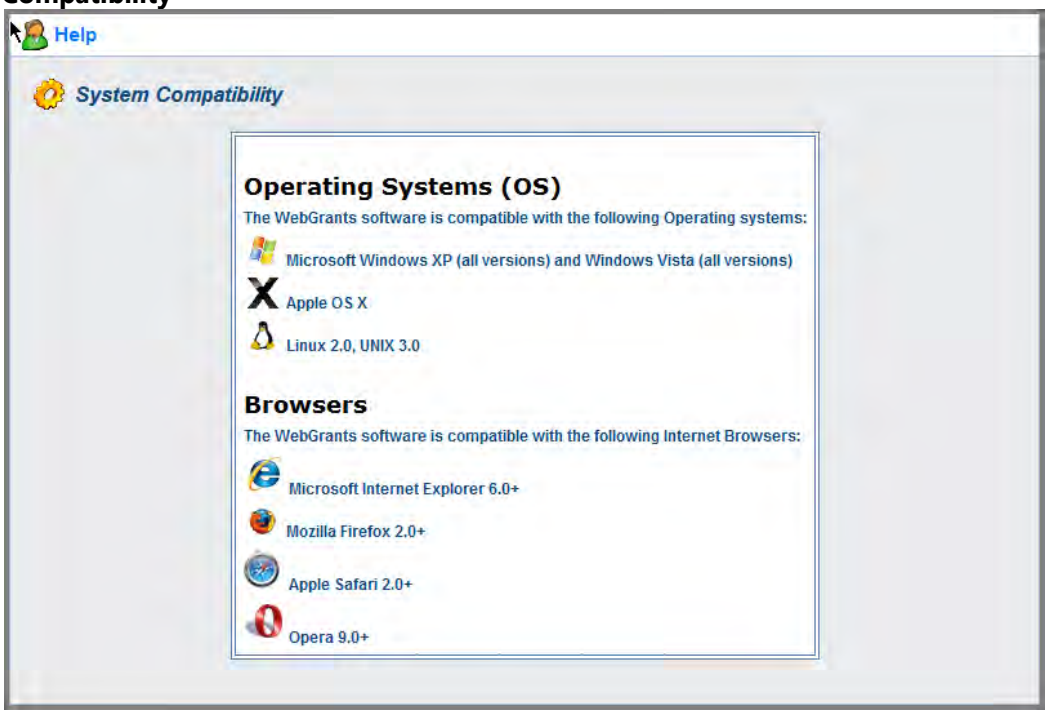
Set your web browser to: http://webgrants.cbcf.org/index.jsp

Existing WebGrants Users

1. Enter your **User ID** and **Password** to login. If you are not sure whether you have an existing WebGrants User Profile, or have lost your password, please contact the Foundation for assistance: cbcfallocations@cbcf.org.

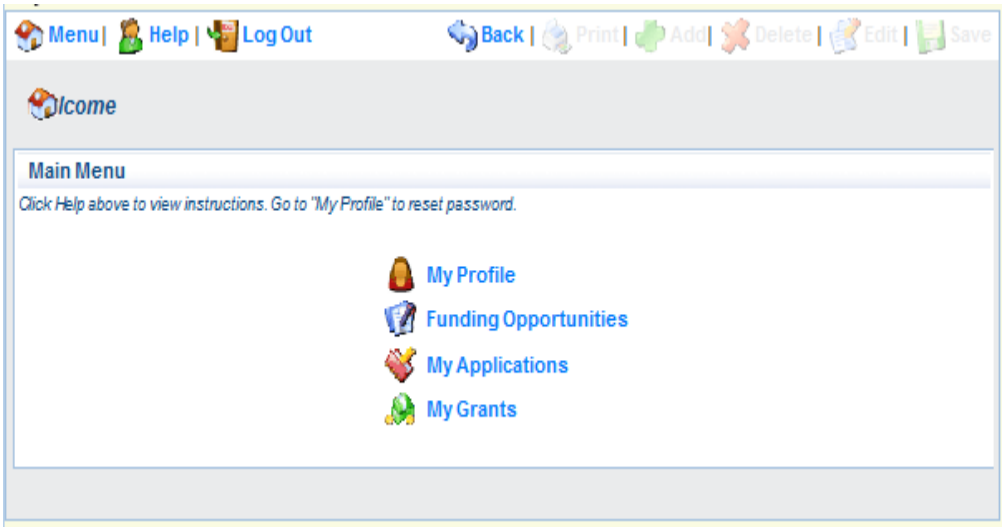
2. Go to **Step 2** to Update your **User Profile.**

System Compatibility

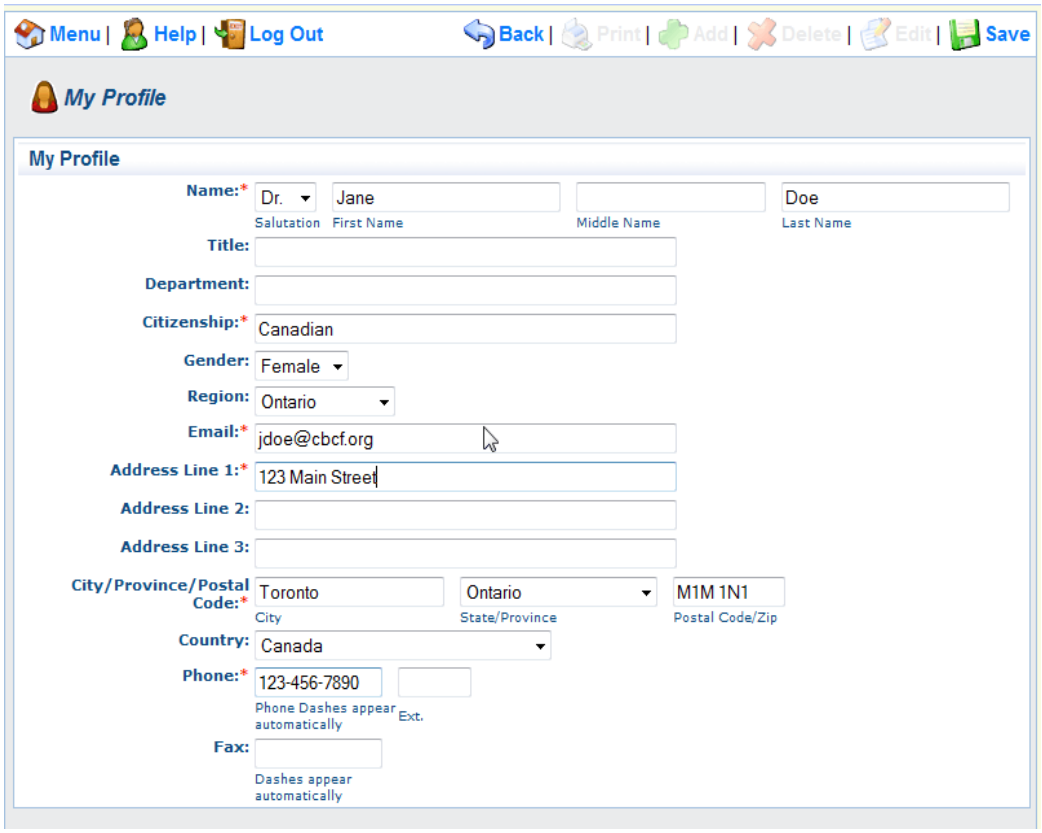

Help
System Compatibility
Operating Systems (OS)
The WebGrants software is compatible with the following Operating systems:
Microsoft Windows XP (all versions) and Windows Vista (all versions)
Apple OS X
Linux 2.0, UNIX 3.0
Browsers
The WebGrants software is compatible with the following Internet Browsers:
Microsoft Internet Explorer 6.0+
Mozilla Firefox 2.0+
Apple Safari 2.0+
Opera 9.0+

Step 1: Registering to become a WebGrants User
Step 2: Updating your WebGrants Grantee Profile

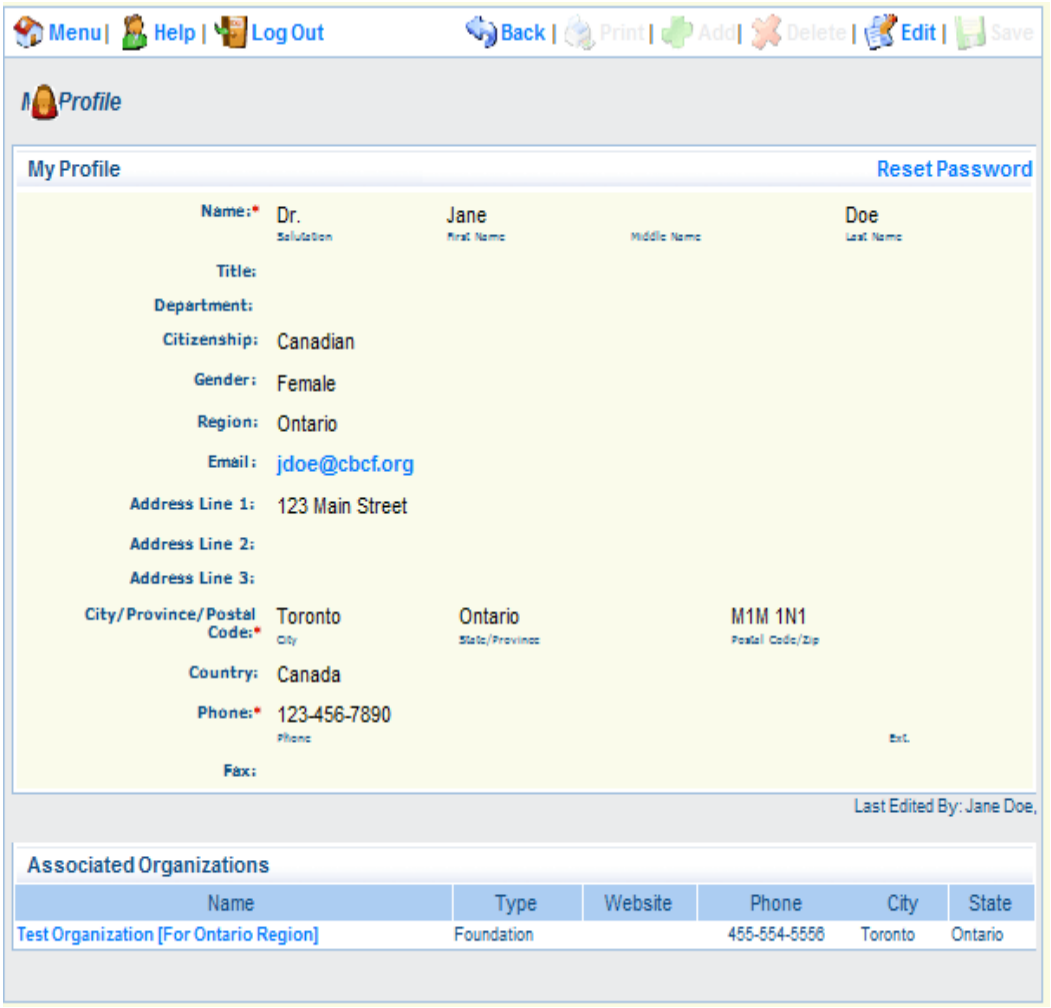
1. After you have received an e-mail indicating that your WebGrants registration has been approved by CBCF, log in to the Login screen; click the My Profile icon from the Main Menu.


Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
lcome
Main Menu
Click Help above to view instructions. Go to "My Profile" to reset password.
My Profile
Funding Opportunities
My Applications
My Grants

2. Click the **Edit** icon.



3. Review and confirm accuracy of profile information, and update as required.
4. Click the **Save** icon to return to My **Profile** Main Screen.


Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
Profile
My Profile
Reset Password
Name:* Dr. Jane Doe
Salutation First Name Middle Name Last Name
Title:
Department:
Citizenship: Canadian
Gender: Female
Region: Ontario
Email: jdoe@cbcf.org
Address Line 1: 123 Main Street
Address Line 2:
Address Line 3:
City/Province/Postal Code:* Toronto Ontario M1M 1N1
City State/Province Postal Code/Zip
Country: Canada
Phone:* 123-456-7890
Phone Ext.
Fax:
Last Edited By: Jane Doe,
Associated Organizations
Name Type Website Phone City State
Test Organization [For Ontario Region] Foundation 455-554-5556 Toronto Ontario

5. Navigating WebGrants

This section provides basic information for applicants on how to navigate the WebGrants system.

Basic Navigation Tools: The WebGrants Navigation Bar

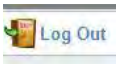
At the top of each WebGrants page are a series of icons representing action options or functions.

Icons that are grayed out are not available at that time, for that screen.

WebGrants Navigation Bar Icons

The **Menu** icon returns the applicant to the WebGrants Main Menu. For more information, please see the section, Main Menu Instructions, in this User Manual.

The **Help** icon opens a pop-up window with basic help information. If it does not contain the information you are seeking, please refer to this User Manual for help with specific components, or contact CBCF staff by email at cbcfallocations@cbcf.org for assistance.



The **Log Out** icon is used to end the applicant's WebGrants session. Logging out will not save entered information. You must Save the component on which you are working prior to logging out if you wish the entered information to be retained.

The **Back** icon is used to go back, usually to the previously viewed page, sometimes to the Components Menu. Please note that using the Back icon will NOT save any new information entered on the current page. To keep information newly entered, please use the Save icon before going Back.

The **Print** icon is active on pages which can be printed. This button will bring up a new window that will display the current screen's contents in printer friendly format. To print the page, use the Print function in your internet browser.

The **Add** icon is active when new entries can be made. It takes the applicant to a new screen to enter component information. Once information is entered, click on the Save icon to save the information entered to return to the current component. Sometimes summarized information will be displayed within the component. Should you wish to view the full entry, or edit the entry, click on the coloured (blue) text within the entry you wish to view or edit (see Linked Words or Phrases, below). To return to the component, use the Save icon again, or the Back icon.

The **Delete** icon is used to delete all entered information for a particular component. The applicant will be prompted to confirm that they wish to delete the information, prior to execution of this command.

The **Edit** icon is active when the contents of the page you are on can be changed. It takes the applicant to a new screen to add or edit component information. Once information is edited, Save the information entered to return to the component. All entered information will be displayed on the component screen.

The **Save** icon saves all entered information within a component, and takes the applicant back to the current component.

Other Navigation Tools

Linked Words or Phrases

When a word or phrase is shown in underlined blue text, this indicates that this is a link. To see further information related to the word or phrase, click on the word. Clicking on a linked word or phrase will open a new screen with the linked information. This information is sometimes display-only and sometimes editable using the Edit icon, as above. To return to the original screen, click the Save or the Back icon.

Dropdown Menus

For some items the applicant must select one of a number of optional responses. When this is the case, a shaded box with a down chevron will be displayed. Click on the chevron to display the available options and select the one which applies.

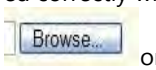
Mark as Complete

Applications are entered into WebGrants using "Components", which are mini-modules containing grouped information. Applicants are recommended to use the Component List as their main navigation point when entering applications, accessing and completing each component from this List. Components can be completed in any order.

On all individual component screens there is a Mark as Complete link on the right hand side of the screen. The Mark as Complete function is used to track which components you have completed and finished editing. Clicking the "Mark as Complete" link will activate a checkmark for that component on the Application Forms Screen. You can still return to components that have been marked as complete for further editing prior to submitting your application as required. All components must be completely filled out and "Marked as Complete" before your application can be submitted to the Foundation for assessment.

Masks

Some items require the applicant to enter information in a specific format, which is indicated through the use of a "mask". One such item is "Phone/Fax" (i.e. This field is pre-formatted to provide dashes between each set of numbers). Please confirm that your information entered correctly within these items.

Attaching Documents 

or

On some component screens the applicant is permitted or required to attach documents to the application. This function is accessed by clicking the Add

icon, or the Attach icon, depending on the component screen being utilized. Some components require the entry of a brief file description for clarity, when more than one file can be uploaded. Where indicated, the file description field must be filled out. The "Browse" button is used to find the file to be attached, and the "Upload File" or "Save" icon will save the file to the WebGrants systems.

Allowable File Formats: Adobe Acrobat (.pdf) only

Only attach files that are in plain unsecured PDF format (no digital signature, no password protection and no watermark – no background image or stationery formatting applied)

Deleting Attachments

On screens where you have attached a document, clicking on the Delete Attachment icon will remove your document. This will allow you to re-attach a new document.

Radio Buttons

On some component screens the applicant must select from among a number of optional responses using radio buttons. In some case only one response is permitted; in other cases multiple responses are allowed. Please see individual component instructions regarding what is permitted for any given item. To select the desired response, click on the button by that response.

Entering Dates

On some component screens applicants are required to enter specific dates. When this is required, a calendar icon will be displayed. Click on the calendar icon and, using the arrows at the top to scroll through the months, click on the desired date.

Certification Pages

Certification pages are required documents. To complete these components, the applicant must download the certification form from WebGrants. These forms should be printed, completed by the applicant, signed by the appropriate individuals, scanned, and saved on the applicant's computer and uploaded into the application using the Browse button, as above. Where two signatures are required on one form (for Host Organization, for example), if it is necessary to use two hard copies to obtain the two signatures, please scan the two pages into one document and attach it as single attachment.

Other Important Information

Completeness

All questions are mandatory and must be answered in order for your application to be complete and ready for submission to CBCF for review. Certain questions however, may not apply to all applicants. For the components with questions that do not apply, applicants must click the Mark as Complete link, to indicate that the question/component does not apply to the applicant's current application and to enable submission of your application.

Character Counts

Text box entry fields have preset maximum character counts. Character count maximums for larger entry fields will be indicated in the User Manual. The maximum character counts indicated include both characters and spaces. Should you encounter an error in saving data entered into a text box, check the character count of your entry to make sure you have not exceeded the maximum character count, then edit your entry before clicking the Save icon.

Fonts and Scientific Characters

It is recommended that applicants "cut & paste" larger text entries into WebGrants, and proof-read their text entries after saving to ensure that scientific characters and formatting have been retained as desired.

WebGrants Passwords

If you forget your WebGrants password, click the Forgot Password link on the Login screen. Enter your User ID and email address in the displayed form and click Submit. Your password will be emailed to you at the email address in your profile; therefore it is essential that you enter your email address accurately on your profile page.
If you want to change your password, Login to the WebGrants system, click on the My Profile icon. Click the Reset Password link. Enter and confirm the new password. Click the Save icon.

Document Naming

To ensure reviewers are able to match attached documents to the appropriate components and questions, please use the following file-naming protocol:

[applicant's surname]-[detail].pdf

For example:

Smith-array table.pdf

CIHR-other funding.pdf

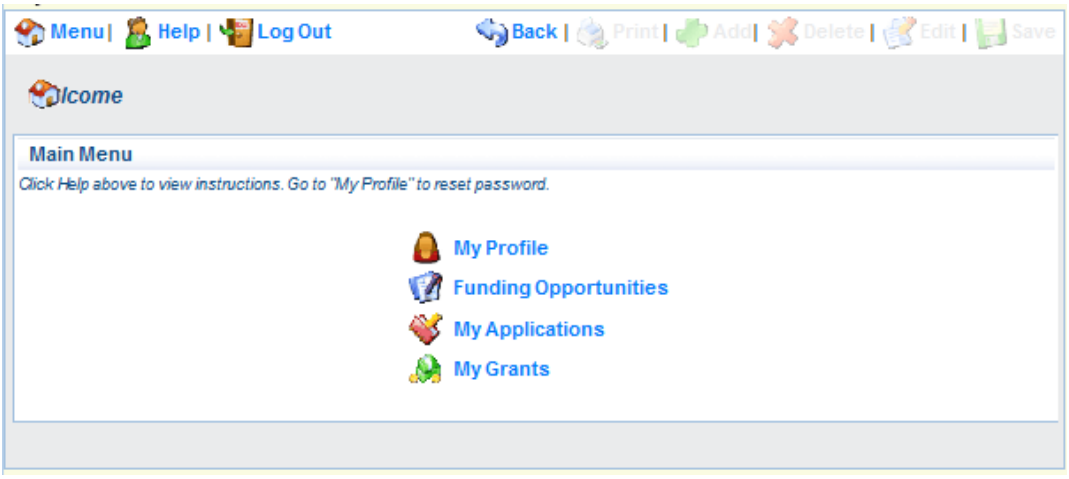
Allen-cv.pdf

6. Main Menu Instructions

This section provides an overview of the Main Menu screen and the Components found there.

Main Menu

The modules displayed on the Main Menu are as follows:

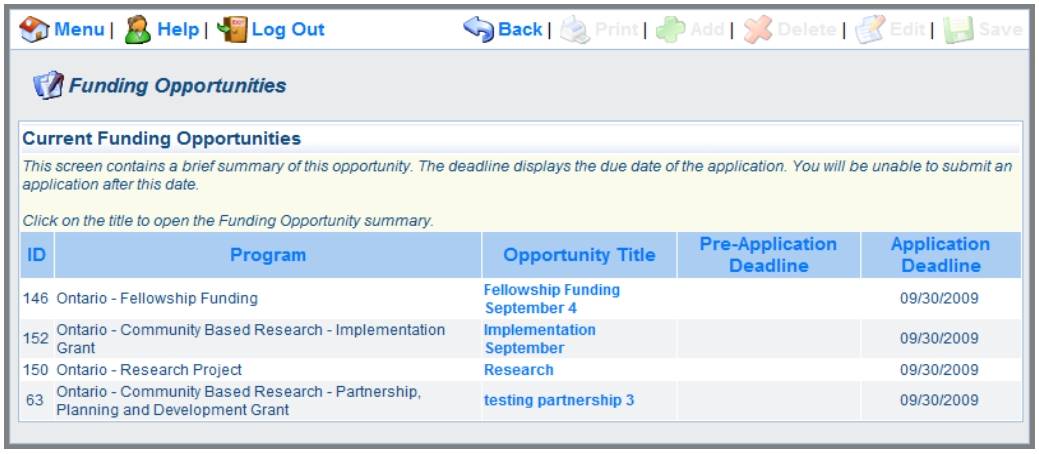

Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
lcome
Main Menu
Click Help above to view instructions. Go to "My Profile" to reset password.
My Profile
Funding Opportunities
My Applications
My Grants

My Profile

This module allows you to reset your password, as well as edit your personal contact information. Please see "Updating your Grantee Profile", on page 11 for more information.

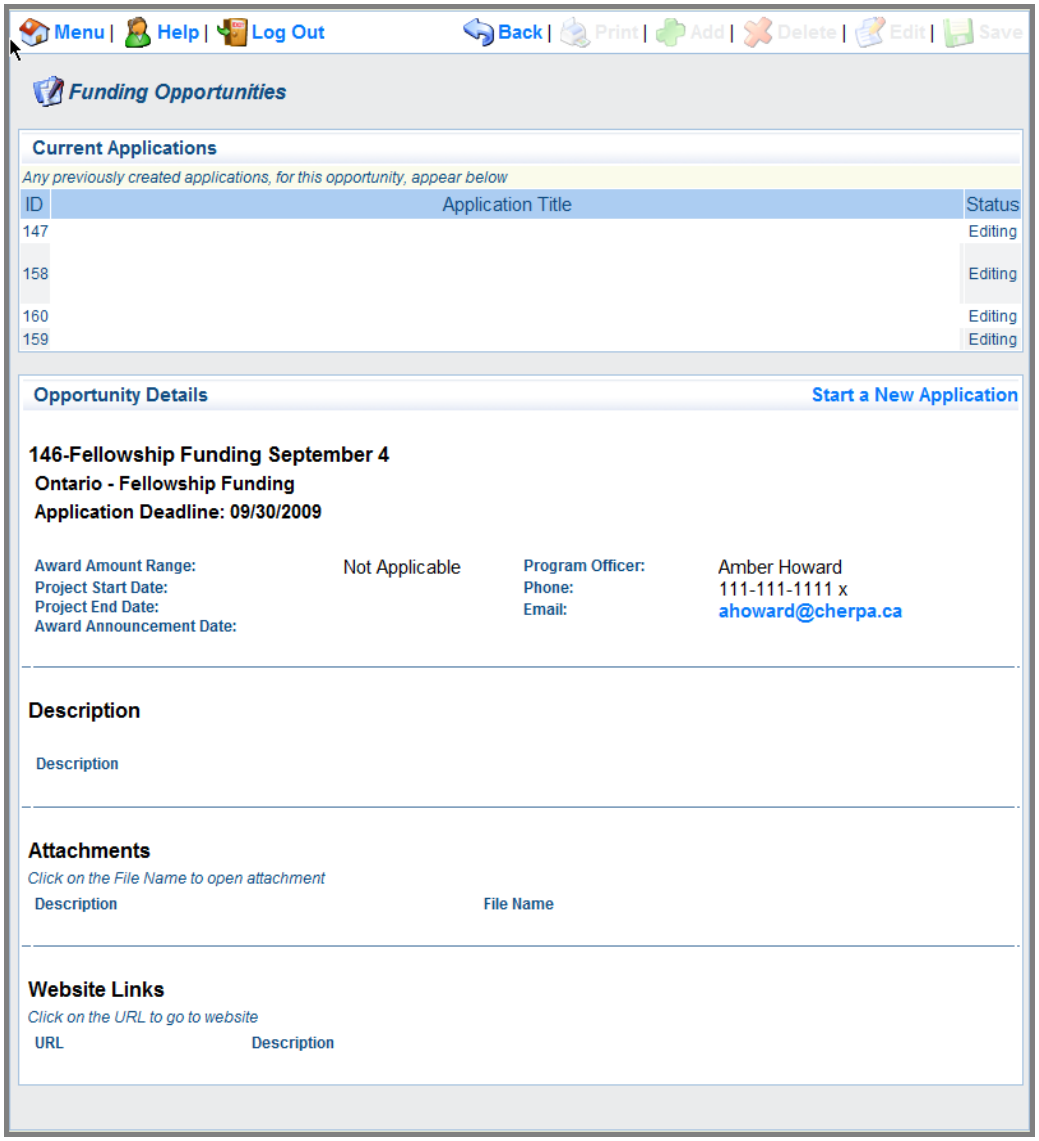
Funding Opportunities

To **View** Funding Opportunities (Calls for Proposals) available in Ontario, click the **Funding Opportunities** of all open Opportunities, their Program Areas, and Proposal Deadlines. Ontario Region Fellowship funding is only available to applicants planning to train/study in the province of Ontario.


Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
Funding Opportunities
Current Funding Opportunities
This screen contains a brief summary of this opportunity. The deadline displays the due date of the application. You will be unable to submit an application after this date.
Click on the title to open the Funding Opportunity summary.
ID
Program
Opportunity Title
Pre-Application Deadline
Application Deadline
146 Ontario - Fellowship Funding
Fellowship Funding September 4
09/30/2009
152 Ontario - Community Based Research - Implementation Grant
Implementation September
09/30/2009
150 Ontario - Research Project
Research
09/30/2009
63 Ontario - Community Based Research - Partnership, Planning and Development Grant
testing partnership 3
09/30/2009

To view a particular Funding Opportunity, click on the link under **Opportunity Title**. A screen with Opportunity Details will be displayed. The *Fellowship Program and Policy Handbook* and *Fellowship Application User Manual* can also be accessed from this page. Also displayed will be titles and status of any

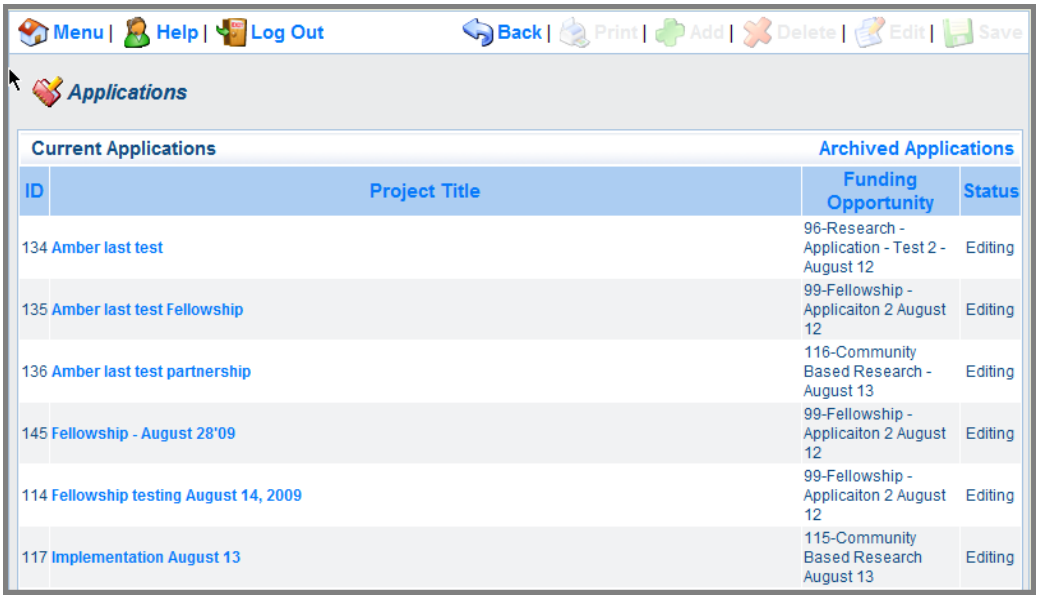
applications you may already have made to this Opportunity. This screen can be printed using the print function of your web browser.



To Apply to a particular Funding Opportunity, click the **Start a New Application** link. This will take you directly to the first Application Component to begin entering your application.

My Applications

The **My Applications** module displays a list of all recent applications, and shows the current status of each (Editing, Submitted, Correcting, Under Review and Approved). To view applications in other statuses, click on the Archived Applications link.



Clicking on an application's **Project Title** will display the application.

My Grants

The **My Grants** screen is designed to display titles of previously funded applications (Awards) from the Fall 2008 grant call forward (This module is under development).

7. Intent to Apply Components

All applicants are requested to complete an **Intent to Apply**; submission of an **Intent to Apply** is mandatory for all Fellowship programs including the Allied Health Professional program.

While the **Intent to Apply** is an administrative step and is not subject to scientific review, the Intent to Apply must be completed fully for a subsequent application to be considered eligible.

For instructions on how to fill out each section, please refer to the page numbers listed beside each component or the steps listed below.

1. General Information - ITA (Page 19):
   Choose the Funding Opportunity entitled: **"Ontario Fellowship All Programs Fall 2015 - Intent to Apply"**

2. Fellowship Level – ITA (Page 22)

3. CSO Coding – ITA (Page 23)

4. Keywords and Host Institution - ITA:
   1) Enter up to five **Keywords** that describe the scientific and technical aspects of the project and/or focus of the training plan. You must enter at least one Keyword.
   2) Indicate the **institution** or organization that will administer the proposed fellowship
   3) Click on the **Save** icon to save the information you have entered.
   4) Click on the **Mark as Complete** link to complete this component and return to the Components menu.

5. Fellowship Idea - ITA:
   1) Enter a Lay Summary of the fellowship idea/training plan in the text box provided. This summary will simply be used to help categorize the proposal and assist with the proposal reviewer selection process. It will not be used for eligibility purposes or will be scored.
   2) Click on the **Save** icon to save the information you have entered.
   3) Click on the **Mark as Complete** link to complete this component and return to the Components menu.

6. Suggested Reviewers to Include - ITA (Page 57-58)

7. Suggested Reviewers to Exclude – ITA (Page 59)
   Please include Fellowship Supervisor(s) and Mentor (Physician only) (Page 35-36 for role description) **and potential Collaborators who may be conflicted in a review** (Page 52)

TO SUBMIT: Please make sure that all components are "**Marked as Complete".** Click the **Submit** link on the Components menu to submit your **Intent to Apply.**

8. Fellowship Application Components

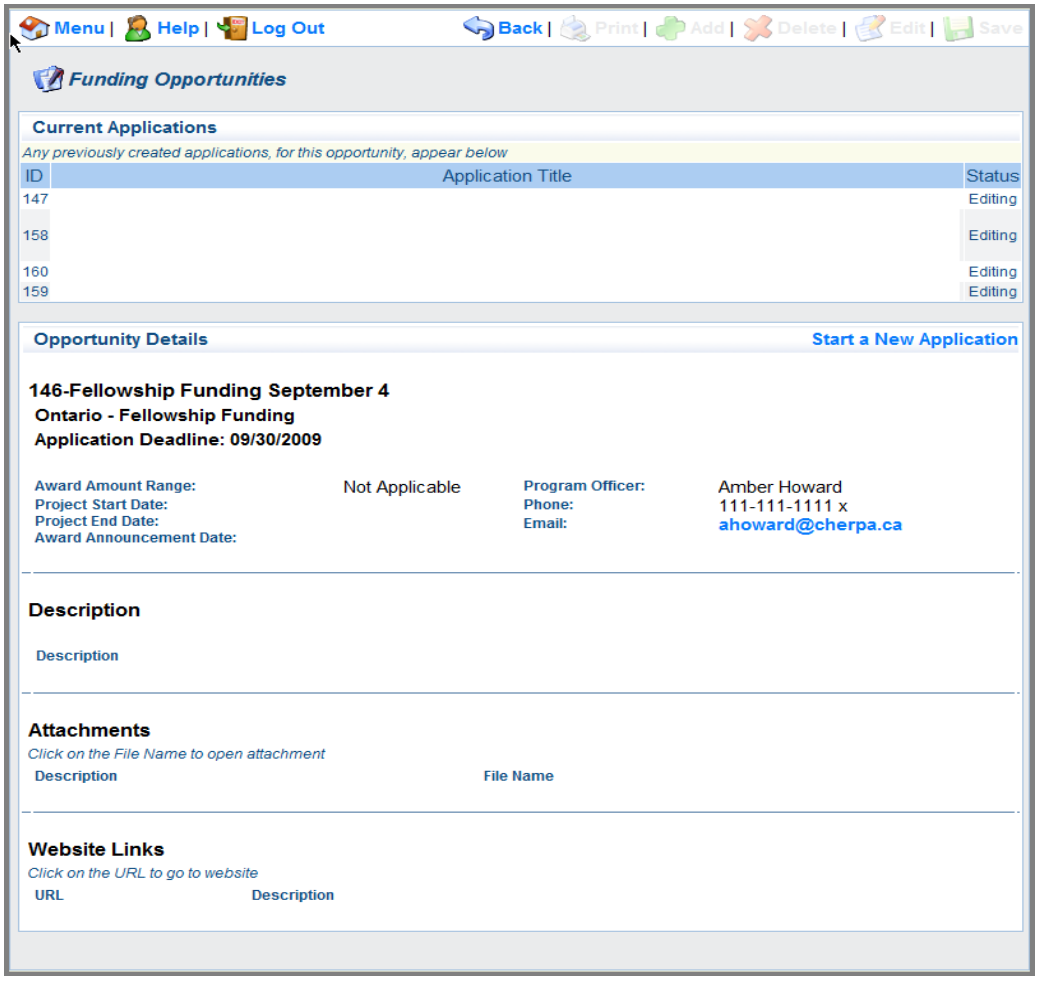
8.1 General Information

This is the initial step to completing a Fellowship application. This component requests the full scientific title of your planned Fellowship.

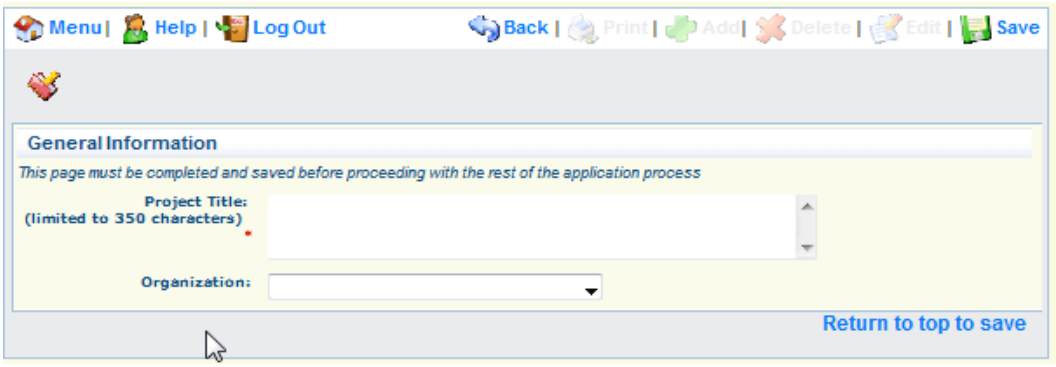
1. Login to the Main Menu.
2. Click on the **Funding Opportunities** icon from the Main Menu.

Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
Funding Opportunities
Current Funding Opportunities
This screen contains a brief summary of this opportunity. The deadline displays the due date of the application. You will be unable to submit an application after this date.
Click on the title to open the Funding Opportunity summary.
ID
Program
Opportunity Title
Pre-Application Deadline
Application Deadline
146 Ontario - Fellowship Funding
Fellowship Funding September 4
09/30/2009
152 Ontario - Community Based Research - Implementation Grant
Implementation September
09/30/2009
150 Ontario - Research Project
Research
09/30/2009
63 Ontario - Community Based Research - Partnership, Planning and Development Grant
testing partnership 3
09/30/2009

3. Choose the **Funding Opportunity** from the list of available options.



4. Click on **Start a New Application** at the top right hand side of the screen to create an application for this funding opportunity.


Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
General Information
This page must be completed and saved before proceeding with the rest of the application process
Project Title:
(limited to 350 characters)
Organization:
Return to top to save

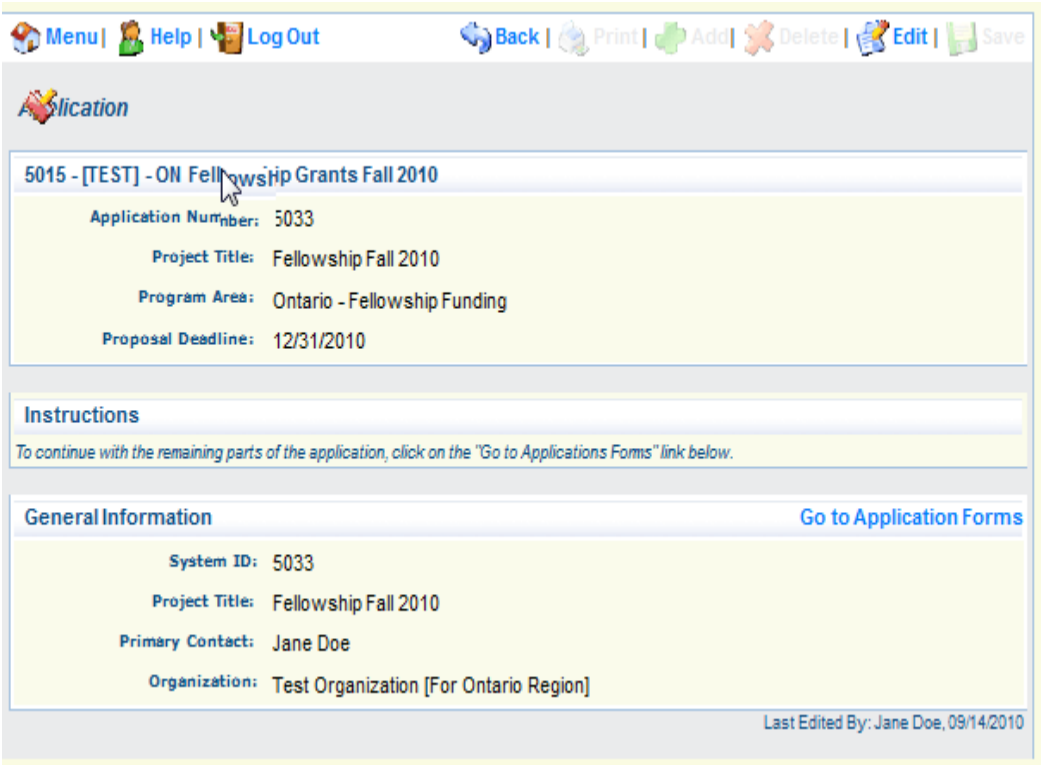
5. Enter the **Title** of your research or academic training proposal.

   Title Naming Convention for AHP Graduate Training (M/PhD) only:

   M - Title (of Master Program)

   PhD – Title (of PhD Program)

6. Choose your **Host Organization** from the drop down menu.

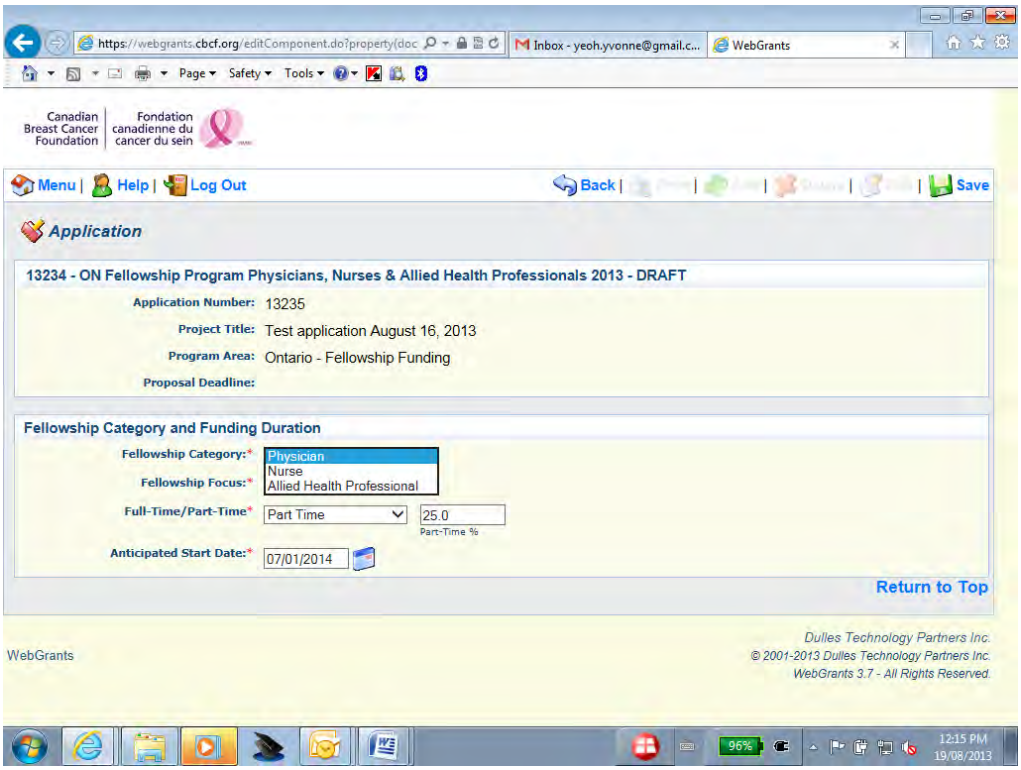

Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
5015 - [TEST] - ON Fellowship Grants Fall 2010
Application Number: 5033
Project Title: Fellowship Fall 2010
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 12/31/2010
Instructions
To continue with the remaining parts of the application, click on the "Go to Applications Forms" link below.
General Information
Go to Application Forms
System ID: 5033
Project Title: Fellowship Fall 2010
Primary Contact: Jane Doe
Organization: Test Organization [For Ontario Region]
Last Edited By: Jane Doe, 09/14/2010

5. Click on the **Save** icon to save the information you have entered.
6. Click on the **Go to Application Forms** link to complete the remaining application components.

8.2 Fellowship Category and Funding Duration

Applicants must indicate the category and level of fellowship being applied for.

1. Click on **Fellowship Category and Funding Duration** from the components list.

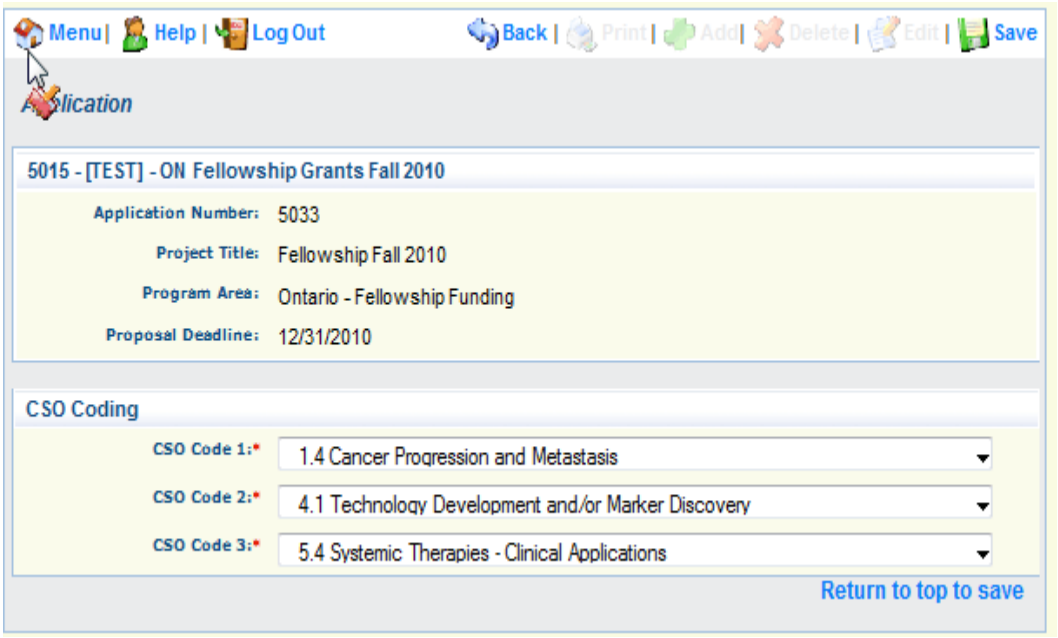


2. Choose your **Fellowship Category** from the drop down menu.
   Descriptions of fellowship categories and requirements are provided in the *Fellowship Program and Policy Handbook*.
3. Choose your **Fellowship Focus** from the drop down menu.
4. Choose the **Full-Time** or **Part-Time** option from the drop down menu.
   Choose one of the two **Full-Time** options ***or*** if **Part-Time** is chosen, please provide the percentage of funding for which you are requesting.
5. Click on the **Calendar** icon to choose the **Anticipated Start Date.**
   Funded Fellowships are expected to commence on July 1 or September 1, 2016.
6. For academic (M/PhD) training stream AHPs *only*: Enter **Amount of Funding Requested** (as authorized by your Host Organization). Documentation from your host institution confirming requested funding is required and is to be uploaded in the *Attachments* component.
7. Click on the **Save** icon to save the information you have entered.
8. Click on the **Mark as Complete** link to return to the components menu.

8.3 CSO Coding

Applicants must indicate in this component which Common Scientific Outline (CSO) Codes most closely match the topic of their proposed work/academic or clinical training.

1. Click on **CSO Coding** from the components list.


Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
5015 - [TEST] - ON Fellowship Grants Fall 2010
Application Number: 5033
Project Title: Fellowship Fall 2010
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 12/31/2010
CSO Coding
CSO Code 1:* 1.4 Cancer Progression and Metastasis
CSO Code 2:* 4.1 Technology Development and/or Marker Discovery
CSO Code 3:* 5.4 Systemic Therapies - Clinical Applications
Return to top to save

2. Use the drop down menu to choose three different, sub/numerical **CSO Codes** that best describe the Primary, Secondary and Tertiary focus areas of the project/academic or clinical training for which funds are being requested.
   More details on the various CSO Codes can be found in: https://www.icrpartnership.org/CSO.cfm

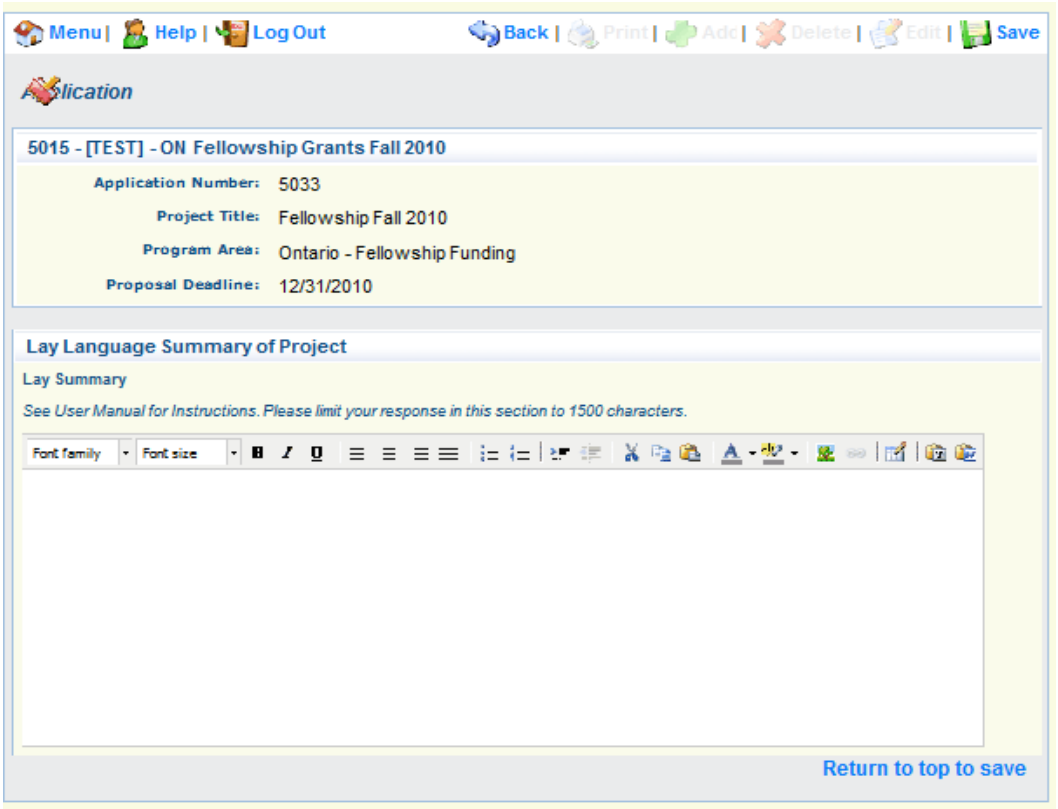
3. Click on the **Save** icon to save the information you have entered.
4. Click on the **Mark as Complete** link to return to the components menu.

Note: Please select focus areas with a sub/numerical CSO code only.

8.4 Lay Language Summary of Project / Academic or Clinical Training

The **Lay Language Summary of Project / Academic or Clinical Training** is used to describe your proposal to Foundation stakeholders and the general public.

Click on **Lay Language Summary of Project** from the components list.


Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
lication
5015 - [TEST] - ON Fellowship Grants Fall 2010
Application Number: 5033
Project Title: Fellowship Fall 2010
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 12/31/2010
Lay Language Summary of Project
Lay Summary
See User Manual for Instructions. Please limit your response in this section to 1500 characters.
Font family
Font size
Return to top to save

1. Enter a **Lay Language** summary of your Fellowship project/academic or clinical training and/or activities in the text box provided, clearly describing in plain English:
    a. What gap – in research or health care – will be addressed by this Fellowship (i.e. what is the rationale for this proposal)?
    b. A brief description of what you intend to accomplish during the Fellowship, including key objectives, and any hypotheses or methods if applicable (in plain language)
    c. Expected outcomes, including how they relate to the Foundation's Vision, Mission, and Fellowship Program Objectives, and how you will ensure these are realized (through knowledge translation activities, for example), as applicable.

The text box will accept a maximum of 1500 characters (including spaces). ***Note:** text boxes have a limited buffer beyond the maximum amount to accommodate characters used for hidden formatting.

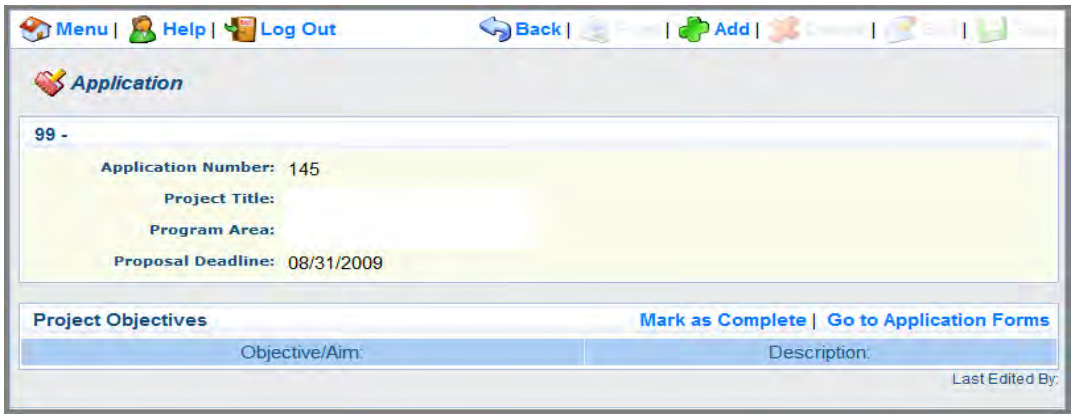
2. Click on the **Save** icon to save the information you have entered.
3. Click on the **Mark as Complete** link to return to the components menu.

8.5 Fellowship Objectives (Aims)

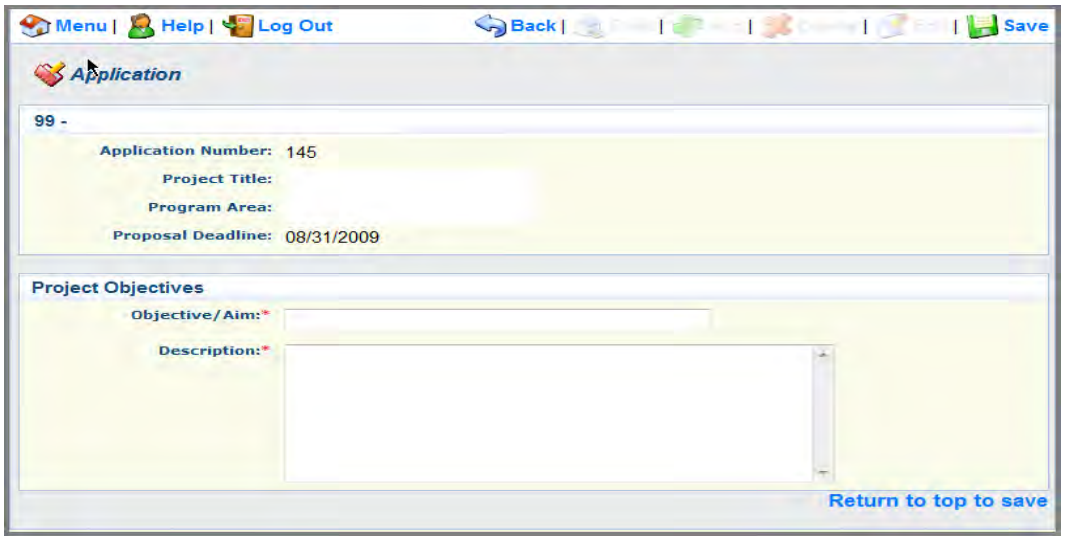
Applicants are required to outline 1-5 project/training objectives (aims). These objectives (aims) will be used to measure progress in the fellowship reporting. These Fellowship Objectives are a component of your Detailed Project Proposal, please "cut and paste" them from your proposal into the text box provided in this component.

Note: <u>The Project Objectives (Aims) provided here must be identical to the Objectives (Aims) in your Detailed Project Proposal.</u>

1. Click on **Project Objectives (Aims)** from the components list.



2. Click the **Add** icon at the top of the screen.



3. In the **Objective/Aim** text box, briefly describe your project/training objective.
4. "Cut and Paste" the **Fellowship Objectives (Aims)** from your Detailed Project Proposal into the **Description** text box.
5. Click on the **Save** icon to save the information you have entered.
6. Repeat steps 2 to 5 for each additional project objective.
7. Click on the Mark as Complete link to return to the components menu.

8.6 Detailed Project Proposal

Applicants must provide a detailed project proposal, following specific content and formatting guidelines. The Detailed Project Proposal should be completed off-line, **converted to unsecured PDF format**, and attached to this component.

The following files are to be attached to this component and all must be formatted as per the instructions below:

- **File #1: Detailed Project Proposal**
- **File #2: Figures/Tables/Charts** (**if applicable**)
- **Additional Files:** Study Surveys and Questionnaires (**if applicable**)

In order to promote fairness for all applicants, proposals varying from the prescribed formatting standards will be ineligible for peer review without appeal.

File #1: Detailed Project Proposal

Required Formatting – Detailed Project Proposal:

1. For Physicians and AHPs pursuing Research:
   Written text of up to a maximum of ten (10) numbered pages (Sections A, B & C), **double-spaced with 12-point font (Times New Roman)**, plus definitions of acronyms and references. Condensed fonts or condensed character spacing may not be used. No Figures/Tables/Charts are allowed in this document, they must be uploaded as separate documents.

2. For AHPs pursuing Academic or Clinical Training (M/PhD):
   Written text of up to a maximum of five (5) numbered pages (Section A & B), **double-spaced with 12-point font (Times New Roman)**, plus definitions of acronyms and references (if applicable). Condensed fonts or condensed character spacing may not be used.

- Every page of text must clearly display visible **line numbers in the left margin** and each page must be numbered independently (i.e. each page starts with line '1'). **No page may exceed 23 lines**.
- **Top, bottom and side margins must be not less than 1 inch**. Top, bottom and side margins should be adjusted to ensure 23 lines per page, as above.
- Every page must have **fellowship applicant's full name in the header**
- Attach list of definitions for acronyms used and proposal references within the detailed proposal directly after the proposal in the same document (if applicable).
- All of the above information must be compiled and converted to one unsecured PDF file.

Contents of Detailed Project Proposal:

The items below should be addressed within the detailed project proposal. It is not necessary to duplicate the section headings. Proposals are subject to methodological and statistical review (where applicable) so please ensure that sufficient information is provided to inform assessments of methodological and statistical components of the proposed project, including power calculations (if applicable).

All applicants' Detailed Project Proposals must include:

- Section A: Clinical/Professional Training and Career Development Plan, and
- Section B: Fellowship Timetable/Milestones.

Applicants including a research project as part of their Fellowship should also include:

- Section C: Research Project Details

Note: For applicants submitting Sections A & B only, up to five (5) numbered pages may be submitted, plus definitions of acronyms and references (if applicable). For applicants submitting Sections A, B & C, up to ten (10) numbered pages may be submitted, plus definitions of acronyms and references.

Section A. Training Plan/Career Development (all applicants)

- Document the research, consultations or requirements that led to the development of this training plan.
- Outline the goals and objectives of your advanced academic or clinical/professional training and career development activities.
- Provide a detailed description of the training program including courses, papers, teaching duties and other activities that make up your training program.
- Include details such as who will be providing the training, duration, and number of sessions, etc.
- Demonstrate how the training plan will develop your knowledge and/or expertise related to breast cancer/breast health, and how this will contribute to your future practice as a health care professional.
- Describe how the proposed training responds to breast cancer and/or breast health needs or gaps.
- Indicate if you currently have an offer of employment from an institution following completion of the Fellowship – or if your current employer has indicated opportunity for advancement.
- Identify if the project/training plan establishes or builds on linkages and/or partnerships within the breast cancer community.
- If applying at early Masters or PhD levels, briefly outline career vision.
- If applying at late Masters or PhD levels, briefly outline future career plans.
- If Fellowship duration exceeds one year, demonstrate how second and third year activities will build upon prior year results (as applicable).

Section B. Fellowship Timetable/Milestones (all applicants)

Provide a timetable (by Fellowship month) for all Fellowship advanced training and/or research activities and identify specific milestones to be achieved within the project.

Section C. Research Project Details (as applicable to Fellowship)

All subsections must be included and clearly labeled.

Background Data

- Review of relevant literature, relevant preliminary data and/or consultations that led to the development of this project

Rationale for the Project

- Explain why this project is being proposed and what you hope to achieve
- Demonstrate how the project builds upon existing knowledge and/or expertise

Hypothesis/Research Question

- Identify the key concept(s) or correlation(s) to be tested, or the research question to be answered

Objectives

- Identify a limited number of specific, concise and measurable objectives for the project

Project Design

- Specify study parameters and inclusion/exclusion criteria
- Demonstrate that the research design is appropriate for the questions being asked and that the data generated will answer the questions asked
- Explicitly state assumptions

Research Methodology

- Describe methods to be used, in sufficient detail that reviewers will understand the steps/protocols
- Demonstrate that the research methods match the specific objectives for the project
- Reference established/validated instruments or methodologies whenever possible
- Statistically justify sample size (for studies involving human research subjects, specify the population of interest, how accrual rates have been determined and evidence that accrual expectations will be met)

Data Analysis

- Specify subgroups and stratification parameters for statistical analysis
- Provide biostatistical information (sample size calculations, power estimates, etc.). Formal consultation with a biostatistician is highly recommended for most projects
- For qualitative projects, please provide justification for chosen analysis(es)

Resources

- Demonstrate that you will acquire the necessary human and material resources to complete the project as planned

Risks

- Identify anticipated risks to completing the project as planned and strategies to be used to mitigate risk

Criteria for Evaluation

- Outline the benchmarks, measures or indicators that you will use to demonstrate that the proposed objectives have been met, as applicable.

File #2: Figures/Tables/Charts (if applicable)

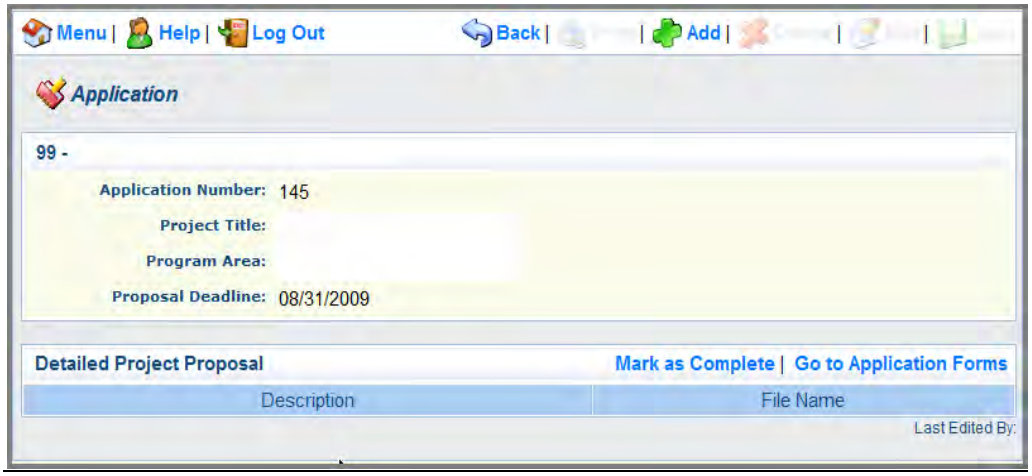
Applicants may attach, in a separate PDF file, a maximum of up to five (5) pages of figures/tables/charts and associated legends. The associated legends must contain only the information necessary to understand the data being presented and not be used to circumvent the detailed proposal page length limitations. The figures, tables and charts should be saved to the "Detailed Project Proposal" component as one distinct PDF file.

Additional Files: (if applicable)

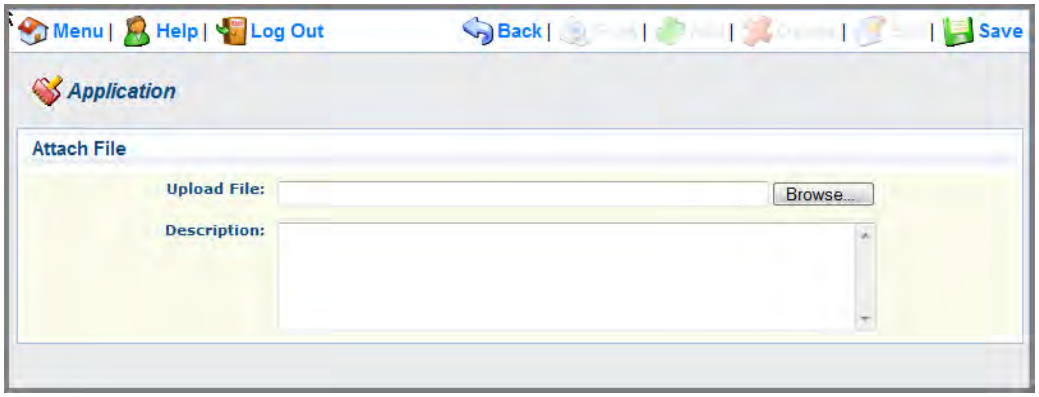
If the project methodology includes the use of **study surveys and questionnaires**, these items should be saved to the "Detailed Project Proposal" component as separate PDF file(s).

Please Note: No other project or supporting information may be attached to the "Detailed Project Proposal" component of the application. Additional attachments, such as background materials, supporting documents may be uploaded to the "Attachments" component towards the end of the application form. Applicants are advised however, that peer reviewers are not obligated to review these additional attachments.

1. Click on **Detailed Project Proposal** from the components list.
2. The **Detailed Project Proposal (File #1)** should be saved as **unsecured PDF** format, and attached in this component.



3. To attach the **Detailed Project Proposal (File #1)**, click the **Add** icon at the top of the page.



4. Click on the **Browse** button to search for the document on your computer
5. In the **Description** text box provide a description of the file attachment (This description is required to complete this component, see File Naming Convention below).
6. Click on the **Save** icon to save your selected document.
7. Click on the **Add** icon to add **Figures/tables/charts (File #2)** pertaining to the Detailed Project Proposal. Click on the **Save** icon to save your selected document (Single PDF file).
8. If applicable, click on the **Add** icon to add **Study Surveys and Questionnaires**.
9. Click on the **Save** icon to save your selected document.
10. Click on the **Mark as Complete** link to return to the components menu.

File Naming Convention:

File #1 Detailed Project Proposal:
Surname-Detailed Proposal.pdf

File #2 Figures/Tables/Charts:
Surname-Figures Tables.pdf

Study Surveys and Questionnaires (if applicable)**:**
Surname-Survey Questionnaire #.pdf

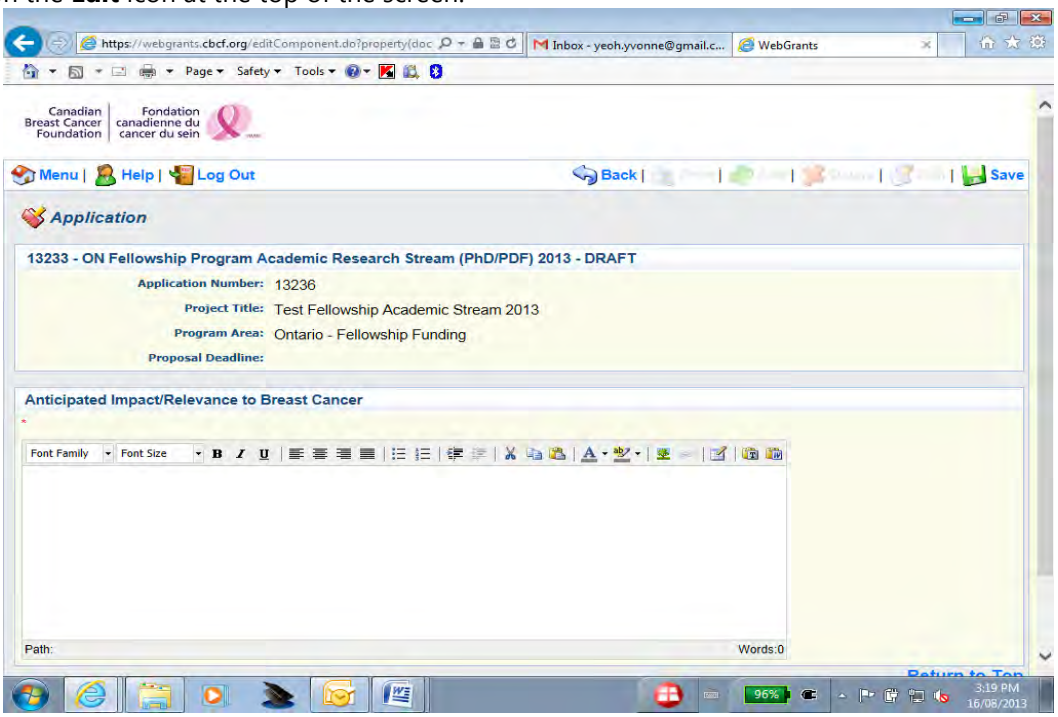
Note: Allowable File Format - Adobe Acrobat (.pdf) only

Only attach files that are in plain unsecured PDF format (no digital signature, no password protection and no watermark – no background image or stationery formatting applied)

8.7 Anticipated Impact/Relevance to Breast Cancer

This is a mandatory component. Please provide a description of the Anticipated Impact/Relevance to Breast Cancer of the academic or clinical training program and project (if applicable) in the text box provided. (The text box will accept a maximum of 1500 characters, including spaces).

1. Click on **Anticipated Impact/Relevance to Breast Cancer** from the components list.
2. Click on the **Edit** icon at the top of the screen.


Canadian Breast Cancer Foundation
Fondation canadienne du cancer du sein
Menu | Help | Log Out
Back | Save
Application
13233 - ON Fellowship Program Academic Research Stream (PhD/PDF) 2013 - DRAFT
Application Number: 13236
Project Title: Test Fellowship Academic Stream 2013
Program Area: Ontario - Fellowship Funding
Proposal Deadline:
Anticipated Impact/Relevance to Breast Cancer
Font Family
Font Size
Path:
Words:0

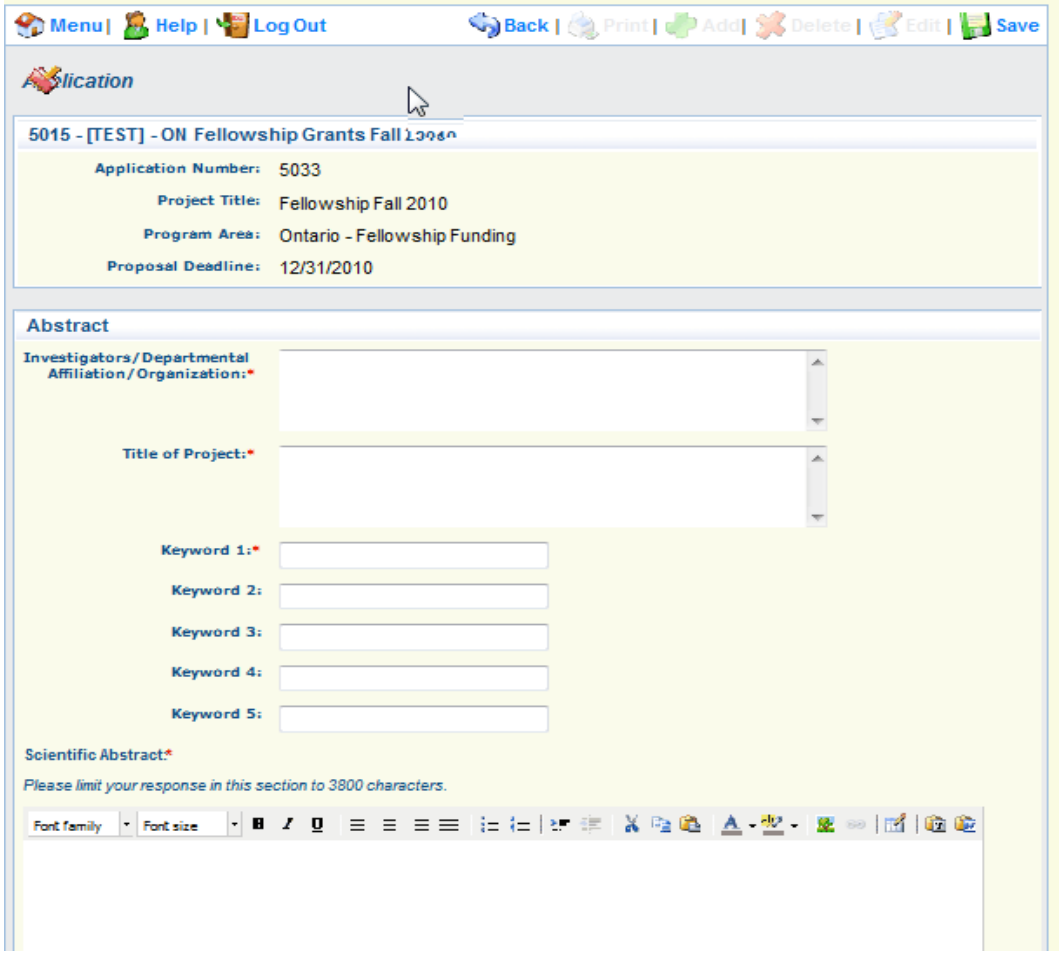
3. In the text box, please:
   - Describe the proposed training and project (if applicable) outcomes, and how they relate to the Foundation's Mission, Vision, and Grant Program Objectives.
   - Describe how the proposed training and project (if applicable), if successful, will help to advance the breast cancer field.
4. Click on the **Save** icon to save your selected document.
5. Click on the **Mark as Complete** link to return to the components menu.

8.8 Abstract

(If your Fellowship proposal does *not* include a research component, complete Steps 1 – 4 only)

The Technical Abstract is used to describe your proposed fellowship to Scientific and Health Care Professional stakeholders. It will also be used in the peer reviewer recruitment process to match the focus of your proposal to reviewer's areas of expertise and to determine potential conflicts of interest. Please complete ALL fields. This is a mandatory component.

1. Click on **Abstract** from the components list.



2. In the first text box, please include **Names, Department affiliation(s)** and **Organization(s)** of the following individuals, separated by a semi-colon.
   - **Fellowship Applicant**
   - **Fellowship Supervisor(s)**
   - **Fellowship Mentor** (for Physician fellows only)
   - **Other research investigators** (if applicable)
3. Enter the **Title of the Project** or training plan.
4. Enter up to five **Keywords** that describe the scientific and technical aspects of the project and/or focus of the training plan. You must enter at least one Keyword.
5. Enter or "cut and paste" the Technical Abstract in the text box provided. ("Cut and paste" is recommended. Please single space). The text box will accept a maximum of 3800 characters (including spaces).
   *Note: text boxes have a limited buffer beyond the maximum amount to accommodate characters used for hidden formatting.

Please provide the following:

a. Background/Rationale for the proposed clinical/professional training and/or research
b. Training Objectives and Hypothesis/Research Questions and Objectives (if applicable)
c. Training and Research Designs and Methods (as applicable)
d. Fellowship Timetable/Milestones
e. Anticipated Fellowship Outcomes:
   i. How the Fellowship will prepare you to contribute to breast cancer care and/or research and your future career plans
   ii. Anticipated Training and Research outcomes (as applicable)

The Technical Abstract must describe the clinical/professional training and activities proposed, including objectives of training, methods, and the significance of the training to breast cancer/breast health field.
For Fellowships with a research component, the Technical Abstract must clearly state the nature of the research question to be investigated, project objectives, methodologies to be used, as well as the significance of the research/training to the breast cancer/breast health field.

6. Click on the **Save** icon to save the information you have entered.
7. Click on the **Mark as Complete** link to return to the components menu.

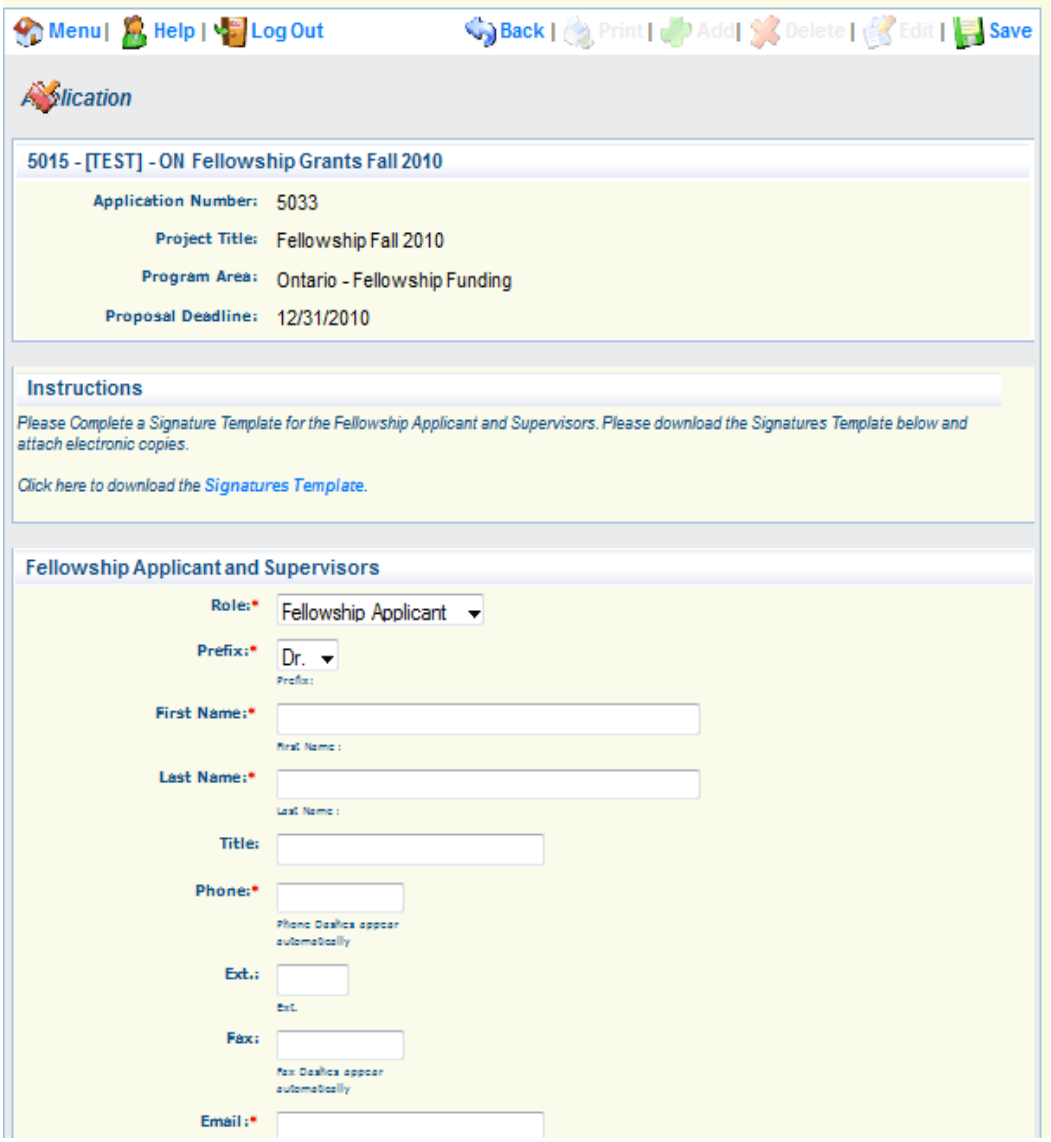
8.9 Fellowship Applicant, Supervisor(s) and Mentor

In this component, fellowship applicants must provide contact information for themselves, their Supervisor(s) and Mentor (Physician fellows only). Physician Mentors must be someone other than your Fellowship Supervisor(s). Attach a C.V. and Certification page for each of the following, the Fellowship Applicant, Supervisor(s) and Mentor (if applicable). Applicants must indicate at least one (or at most two) Fellowship Supervisor(s), and Physician applicants must indicate a Mentor (someone other than your Fellowship Supervisor(s)); at least one Supervisor must be affiliated with the Project Host Organization. Please see "Additional Information", below, for Supervisor requirements and commitments.

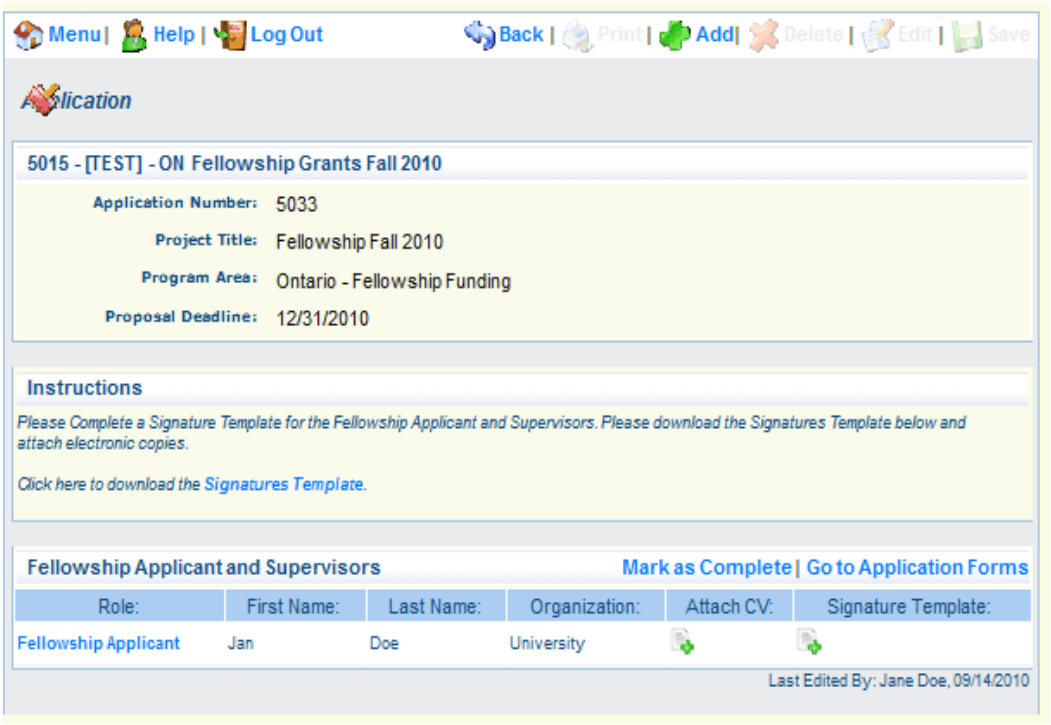
1. Click on **Fellowship Applicant, Supervisor(s) and Mentor** from the components list.

Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
lication
5015 - [TEST] - ON Fellowship Grants Fall 2010
Application Number: 5033
Project Title: Fellowship Fall 2010
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 12/31/2010
Instructions
Please Complete a Signature Template for the Fellowship Applicant and Supervisors. Please download the Signatures Template below and attach electronic copies.
Click here to download the Signatures Template.
Fellowship Applicant and Supervisors
Mark as Complete | Go to Application Forms
Role: First Name: Last Name: Organization: Attach CV: Signature Template:
Last Edited By:

2. Click on the **Signatures Template** link and save the template to your computer. Fill out one template for the fellowship applicant, and Primary and/or Secondary Supervisor(s), and Mentor (if applicable). Print each form and obtain the Commercial Interest/Conflict of Interest disclosure and certifying signature from each of the above, and scan and save one completed **Fellowship Applicant, Supervisor's and Mentor's Certification** for each of individual, to your computer. (Note: unsecured PDF format)
3. Click on the **Add** icon at the top of the screen.


Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
lication
5015 - [TEST] - ON Fellowship Grants Fall 2010
Application Number: 5033
Project Title: Fellowship Fall 2010
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 12/31/2010
Instructions
Please Complete a Signature Template for the Fellowship Applicant and Supervisors. Please download the Signatures Template below and attach electronic copies.
Click here to download the Signatures Template.
Fellowship Applicant and Supervisors
Role:*
Fellowship Applicant
Prefix:*
Dr.
First Name:*
Last Name:*
Title:
Phone:*
Ext.:
Fax:
Email:*

4. Complete **ALL** fields on this page with the Fellowship Applicant's, information, using drop down menus where applicable.
5. Click on the **Save** icon to save the information you have entered.


Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
lication
5015 - [TEST] - ON Fellowship Grants Fall 2010
Application Number: 5033
Project Title: Fellowship Fall 2010
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 12/31/2010
Instructions
Please Complete a Signature Template for the Fellowship Applicant and Supervisors. Please download the Signatures Template below and attach electronic copies.
Click here to download the Signatures Template.
Fellowship Applicant and Supervisors
Mark as Complete | Go to Application Forms
Role: First Name: Last Name: Organization: Attach CV: Signature Template:
Fellowship Applicant Jan Doe University
Last Edited By: Jane Doe, 09/14/2010

6. Click on the **Attach** icon on the right hand side under the **Attach CV** column to browse and attach the **Fellowship Applicant's** CV.
7. Click the **Attach** icon on the far right hand side under the **Signature Template** column to browse and attach the appropriate **Fellowship Applicant, Supervisor's and Mentor Certification.**
8. Repeat steps 3 to 7 to add contact information, CV and Fellowship Applicant, Supervisor's and Mentor's Certification for the Supervisor(s) and Mentor (if applicable). Click on the **Mark as Complete** link to return to the components menu.

Additional Information

Fellowship Supervisor(s)

Fellowship Supervisors are investigators or clinicians holding an academic appointment and involved in areas of investigation or professional practices with a clear and direct relevance to breast cancer and breast health.
Fellowship Supervisors who do not hold an academic appointment may be considered, providing they provide a brief outline of the training program, indicating the research/training facilities available and the organization through which the funds would be administered.
Fellowship Supervisors are expected to have the skills, expertise and experience necessary to supervise the proposed Fellowship, including past experience in mentorship, supervision and/or staff education. Qualifications and experience will be assessed in relation to the requirements of the Fellowship plan.
Supervisors are expected to provide input and guidance to the fellow regarding their application, and Detailed Project Proposal and to certify with their signature that they have consulted with the applicant and agree to supervise the fellowship.

If at any time during the tenure of the Fellowship award, the Supervisor feels that the progress of the Fellowship recipient is not satisfactory, she/he must immediately notify the Foundation in writing.
For a complete list of Fellowship Supervisor Commitments, please see the *Fellowship Program and Policy Handbook*.

Fellowship Mentors for Physicians
Physician fellows must also name a mentor (someone other than your Fellowship Supervisor(s)) , in addition to a supervisor, who will advise on the planning, direction, and execution of the proposed mentorship plan. If the Fellowship mentor is not located at the Host Organization, a statement should be provided describing the mechanism(s) and frequency of communication with the candidate, including the frequency of personal meetings.
Fellowship mentors should be recognized as an accomplished clinician in the proposed professional/research area and have a track record of success in training and developing independent clinicians with a clear and direct relevance to breast cancer and breast health.
Fellowship mentors are expected to have the skills, expertise and experience necessary to mentor the Fellow, including past experience in mentorship, and/or staff education. Qualifications and experience will be assessed in relation to the requirements of the mentorship plan.
Fellowship mentors are expected to provide dedicated support for Fellow's long-term career plans by motivating, inspiring, and challenging them to excel in their breast cancer career.
Fellowship mentors are expected to provide input and guidance to the fellow regarding their mentorship plan (please see Mentorship plan below for details) and to certify with their signature that they have consulted with the applicant and agree to mentor the fellowship.
If at any time during the tenure of the Fellowship award, the mentor feels that the progress of the Fellowship recipient is not satisfactory, she/he must immediately notify the Foundation in writing.

Mentorship Statement and Plan
The fellow must include the following from their mentor: 1) a statement providing information on his/her clinical qualifications and previous experience as a clinician mentor and; 2) a mentorship plan that describes the following: a) the nature of the mentoring that will occur during the proposed fellowship period (may include networking opportunities, opportunities to join a research team or professional group, writing and/or review of manuscripts, editorials, or commentaries, presentations to colleagues, observation and critique of teaching style, as well as one-on-one meetings to guide the development of the fellow's career path) ; b) a plan for career progression for the candidate to move from the mentored stage of his/her career to independent clinician status, including what aspects of the proposed mentorship plan the candidate will be able to take into their independent position and; c) a method for monitoring the fellow's progression towards independence.
For a complete list of Fellowship Mentor Commitments, please see the *Fellowship Program and Policy Handbook*.

Attach Mentorship Statement and Plan in the *Detailed Project Proposal* component as a separate document.

Curriculum Vitae (CV) Requirements – CBCF does not specify a particular format for applicant, Fellowship Supervisor(s) or Fellowship Mentor C.V.'s, however, at a minimum, C.V.'s must include:

Fellowship Applicants:
- Academic Degrees and Awards
- Details of employment since graduation
- Professional Affiliations and activities
- Publications during **the last five years**
- Grant support received during **the last five years**
- Grant support currently held
- Common CV format is acceptable but is not required
    - Applicants are advised to detail any interruptions in their scientific career for information of reviewers.

- **File Naming Convention – Applicant CV :**
  [Fellow's surname-cv.pdf]

Fellowship Supervisors, all of the above plus:
- Details of supervisory, teaching and other experience relevant to the supervisory role

- **File Naming Convention – Fellowship Supervisor(s) :**
  [Supervisor's surname-cv.pdf]

Fellowship Mentors, all of the above plus:
- Details of mentoring and other experience relevant to the mentorship role

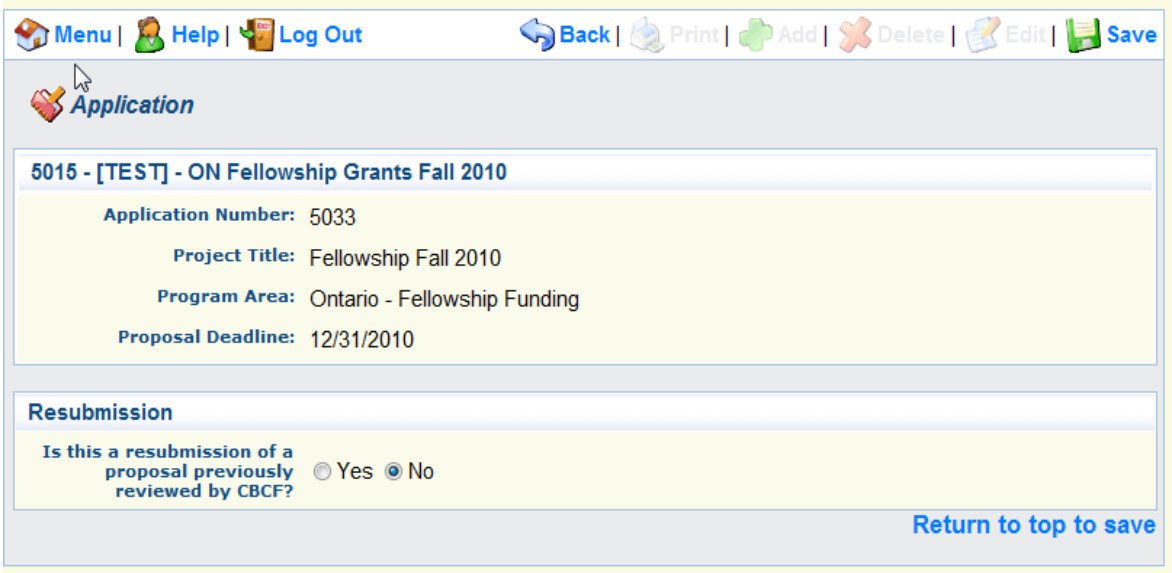
- **File Naming Convention – Fellowship Mentor(s) :**
  [Mentor's surname-cv.pdf]

Note: Attach files that are in plain unsecured PDF format

8.10 Resubmission

Applicants re-submitting proposals that were considered, but not funded in a prior funding Call for Proposals must clearly and directly respond to review panel feedback from the prior Call. The prior review panel feedback and applicant's response to the feedback must be saved as an **unsecured PDF** document (please see File Naming Convention below) to attach in this component.

1. Click on Resubmission from the components list.


Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
Application
5015 - [TEST] - ON Fellowship Grants Fall 2010
Application Number: 5033
Project Title: Fellowship Fall 2010
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 12/31/2010
Resubmission
Is this a resubmission of a proposal previously reviewed by CBCF?
Yes
No
Return to top to save

2. Indicate with the "**Yes**" or "**No**" button, whether or not this project is a resubmission of a previously reviewed proposal.
3. If "**No**", click the "**No**" button, then click the **Save** icon.
4. Click the **Go to Application Forms** link to return to the components menu.
5. If "**Yes**", click the "**Yes**" button, then click the **Save** icon
6. Click the 1st **Attach** icon to browse and attach the prior review panel feedback and applicant's response to the feedback. (Note: unsecured PDF format)
7. Click the remaining **Attach** icons to browse and attach any additional supporting documents (see **Note** below).

Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
Application
5015 - [TEST] - ON Fellowship Grants Fall 2010
Application Number: 5033
Project Title: Fellowship Fall 2010
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 12/31/2010
Resubmission
Mark as Complete | Go to Application Forms
Is this a resubmission of a proposal previously reviewed by CBCF? Yes
Attachment 1:
Attachment 2:
Attachment 3:
Attachment 4:
Attachment 5:
Last Edited By: Jane Doe, 09/14/2010

8. Click on the **Mark as Complete** link to return to the components menu
   Note: Applicants may attach supporting documents related to their response. These may include references, abstracts, presentations, articles, or other items.

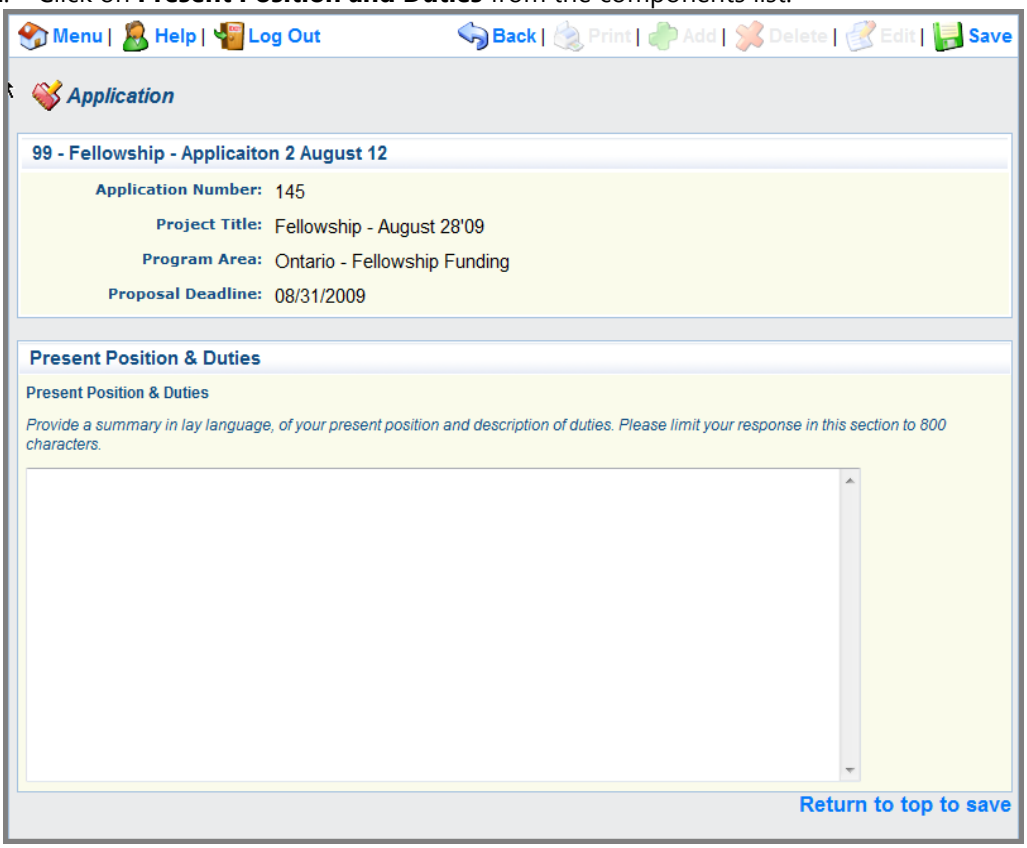
   File Naming Convention - Resubmission:
   [surname-resubmission.pdf] or
   [surname-resub-references.pdf]

   Note: Attach files that are in plain unsecured PDF format

8.11 Present Position and Duties

Applicants should use this component to briefly outline their present position and duties.

1. Click on **Present Position and Duties** from the components list.

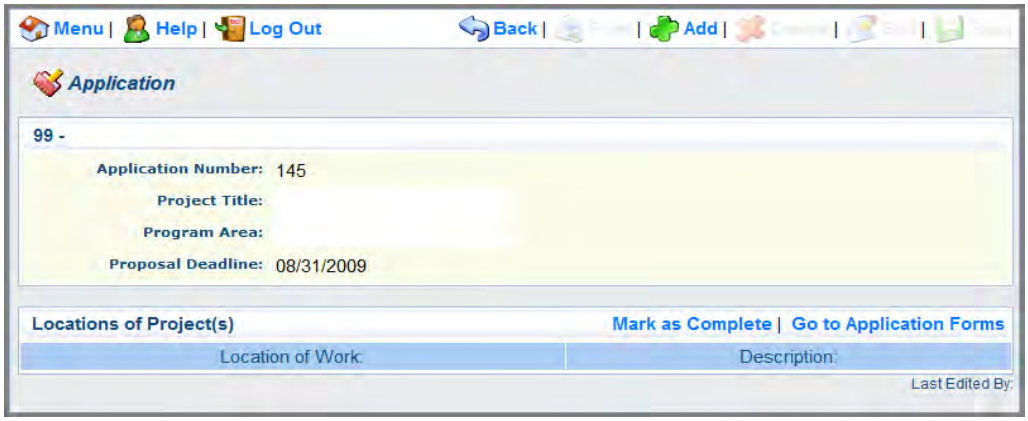

Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
Application
99 - Fellowship - Applicaiton 2 August 12
Application Number: 145
Project Title: Fellowship - August 28'09
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 08/31/2009
Present Position & Duties
Present Position & Duties
Provide a summary in lay language, of your present position and description of duties. Please limit your response in this section to 800 characters.
Return to top to save

2. In lay language provide a single-spaced summary of the applicant's *present* position, including a description of current duties and responsibilities. Please include current source(s) of salary support and when/why these will cease (if applicable). Please limit your response to 800 characters (including spaces).
3. Click on the **Save** icon to save the information you have entered
4. Click on the **Mark as Complete** link to return to the components menu.

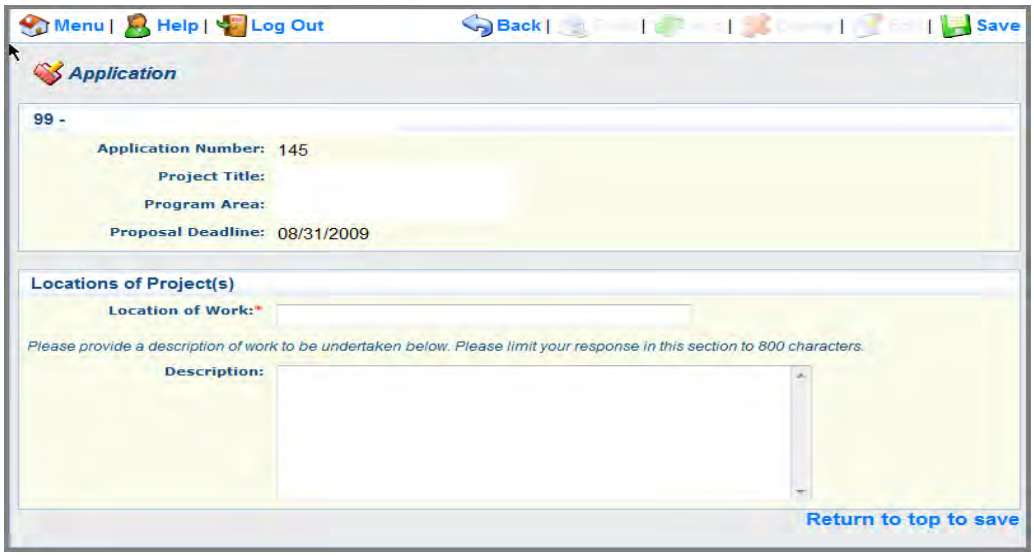
8.12 Location(s) of Fellowship

Fellowship training and research projects must be conducted within settings that provide facilities and staff necessary to support the requirements of the Detailed Project Proposal. Provide all locations, *including* Host Organization facilities, where proposed work/training will take place.

1. Click on **Locations of Project(s)** from the components list.



2. Click on the **Add** icon at the top of the screen.



3. In the **Location of Work** text box provide the name of the primary location where training/project activities will take place.
4. For all Physician and AHP applicants except those pursuing academic training, in the **Description** text box, provide a brief point-form description of the work/training that will be undertaken at this location. Indicate whether certificates or approvals (for animal care, biohazard, etc.) are required for this location. Please limit your response to 800 characters (including spaces)
5. Click on the **Save** icon to save the information you have entered
6. Repeat steps 2 to 5 for each additional location.
7. Click on the **Mark as Complete** link to return to the components menu.

8.13 Required Research Certificates/Approvals

(If your Fellowship proposal does *not* include a research component, this section is not required)

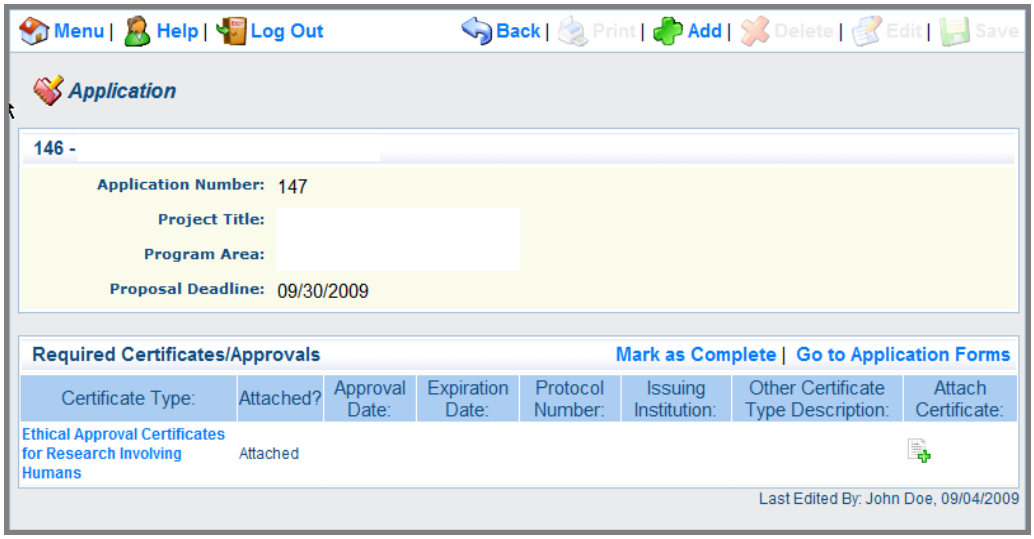
Research funded by the Foundation must adhere to host organization policies and procedures and accepted Canadian standards for scientific research. If a fellow is engaged in research, copies of applicable approval certificates are required prior to the start of the proposed research activities and will be a condition of funding.

Applicable guidelines include but are not limited to:

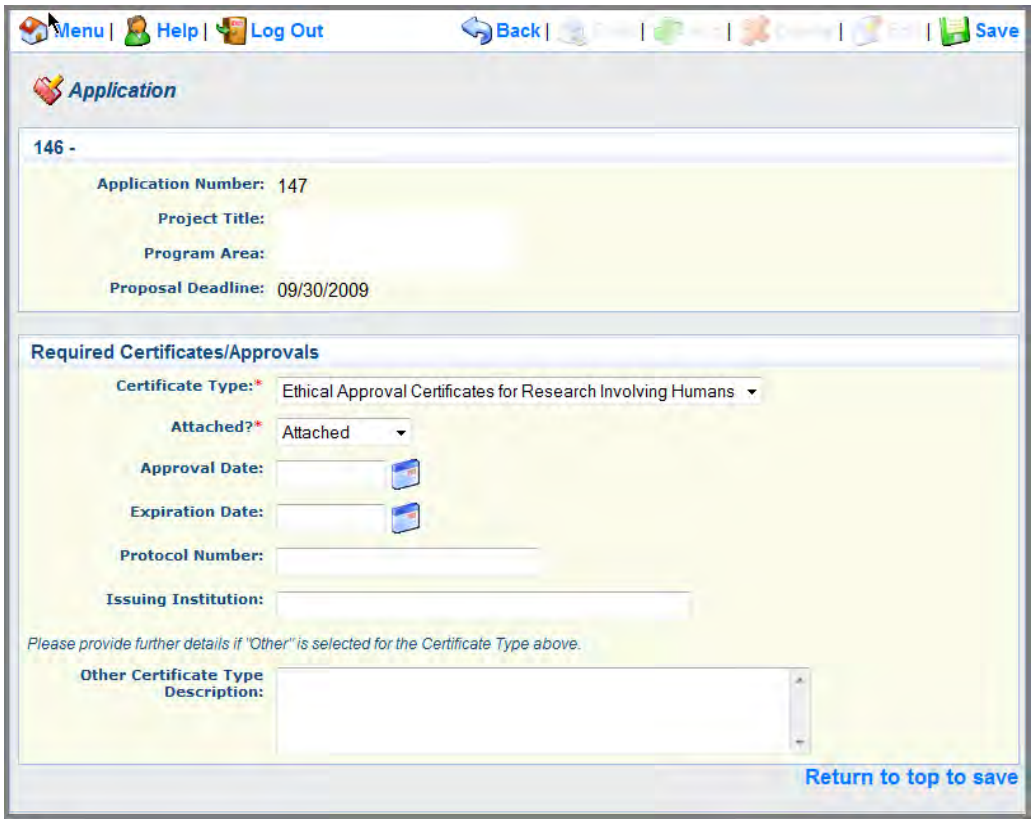
- *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, published by the Canadian Institutes for Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada.
- *Guide to the Care and Use of Experimental Animals*, published by the Canadian Council on Animal Care.
- *Laboratory Biosafety Guidelines*, published by the Canadian Institutes of Health Research and Health Canada.

For **each** of the certificate types listed in the **Certificate Type** drop down menu you **must** indicate whether they are "Attached", "Pending" or "Not Required".

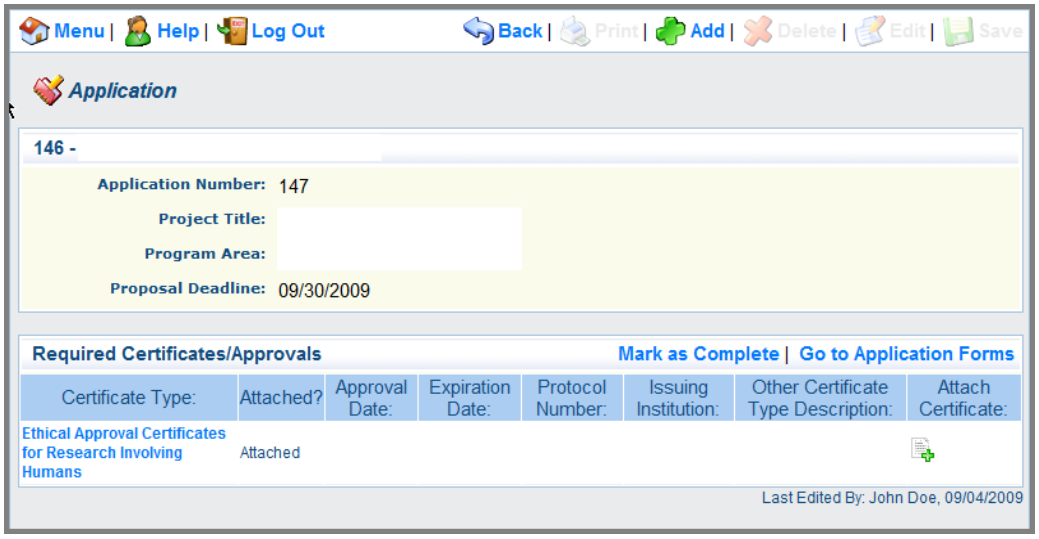
1. Click on the **Required Certificates/Approvals** from the components list.



2. Click on the **Add** icon at the top of the screen.



3. Use the drop down menu to indicate the first **Certificate Type.**
4. Indicate for this certificate type, whether the certificate is **Attached, Pending,** or **Not Required**.
5. Click on the **Calendar** icon to choose the certificate's **Approval Date** and **Expiration Date**.
6. If attached, enter the certificate's **Protocol Number &** the name of the **Issuing Institution**.
7. If certificate type **Other** was selected, please provide a description of the certificate in the last text box and provide the name of the **Issuing Institution** in the textbox provided.
8. Click on the **Save** icon to save the information you have entered.



9. To Attach certificate(s) that correspond to the one(s) listed under the **Certificate Type** column, click on the **Attach** icon at the far right hand side, under the **Attach Certificate** column. Use the browse and attach buttons to browse and attach the appropriate certificate.

File Naming Convention - Attached Certificates:
[surname-approval certificate #.pdf]

Note: Attach files that are in plain unsecured PDF format

10. Repeat steps 2 to 8 and/or 9 to complete each of the remaining certificate types.
11. Click on the **Mark as Complete** link to return to the components menu once all certificate types have been completed.

Note: It is permissible to obtain and submit these after funding approval. If funding is approved, certificates/approvals must then be provided prior to commencement of Fellowship, or prior to commencement of the related Fellowship activity.

Research involving the use of human embryonic stem cell (hESC)
In keeping with Canadian legal requirements and best practices within the field, research involving the use of human embryonic stem cells (hESC) is guided by the the "CIHR Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans" (TCPS), which include the Guidelines for Human Pluripotent Stem Cell Research (June 30, 2010 version). Research Ethics Board (REB) approval and approval by the CIHR Stem Cell Oversight Committee (SCOC) are required for any CBCF-funded project proposing to utilize human embryonic stem cells.

8.14 Knowledge Translation Plan

(If your Fellowship proposal does *not* include a research component, this section is not required)

The Canadian Breast Cancer Foundation's vision is to create a future without Breast Cancer. To help us achieve this vision, we invest in relevant and innovative research and training that aims to answer the questions and solve the problems that challenge our ability to completely prevent, diagnose, treat, and control breast cancer.

The fundamental purpose of medical research is to 'advance knowledge for the good of society; to improve the health of people worldwide; or to find better ways to treat and prevent disease'[1]. For breast cancer research and training, this means improving our understanding of breast cancer to better prevent, diagnose, treat, and care for those affected by the disease. Answering a particular question or solving a particular problem does not, however, automatically lead to improved health. Putting new knowledge into practice is a process that requires deliberate and carefully considered actions to reach the right audience with the right message to ensure that knowledge is put to use.

The Foundation supports the Canadian Institutes of Health Research (CIHR) definition of Knowledge Translation as, ***"a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system."*** *(CIHR, 2012)*

The Foundation expects all fellowship applications to include a carefully considered Knowledge Translation (KT) plan that ought to include training in knowledge translation theory and practice.

Following CIHR's lead, the Canadian Breast Cancer Foundation has identified two types of knowledge translation that applicants are expected to consider in the development of their plan:

1) Integrated Knowledge Translation (iKT): this type of KT involves those who are the intended implementers of 'new knowledge' gained by the research (i.e. Knowledge Users) from inception of the research (i.e. project development) through to results implementation. This level of involvement ensures that the knowledge being sought, as well as the methods employed to seek it, is relevant (i.e. will fill a gap), and increases Knowledge Users' commitment to utilizing results at the conclusion of the project. While not every project is suitable for a high level of engagement, iKT can occur on a spectrum from low to high engagement, and we encourage all fellows to consider the potential implications of their findings, and to proactively seek to establish the relationships (with clinicians, administrators, and policymakers) that will support putting them into practice from the outset of their research. Knowledge Users may submit a letter of collaboration to articulate their involvement with the project. For applicants proposing a training program only, iKT plans should describe who will be involved in the training (including supervisors and mentors, as well as other contributors to learning), and what their contributions will be to the overall development of the candidate.
2) End-of-Grant Knowledge Translation: this type of KT includes any activity or product aimed at dispersing or applying the results of the research (or training, as applicable). Activities and products range from traditional academic communications such as conference presentations and peer-reviewed

[1] What is the purpose of medical research? The Lancet, Volume 381, Issue 9864, Page 347, 2 February 2013

publications, to those intended for a broader audience such as websites, workshops, tailored reports, fact sheets with actionable messages, and media and public events. All fellows must publish research findings via traditional academic mediums, as well as undertake strategies to effectively share research results with those who would put the results into practice. For fellows proposing a training program only, this KT plan should include any dissemination activities related to training outcomes (such as presentations at Rounds or departmental meetings), including future career plans and how the knowledge and skills gained will be applied.

Fellows are also strongly encouraged to pursue training in the area of knowledge translation during their fellowship. Available courses and other opportunities for training can be viewed on the Knowledge Translation Canada website here. Developing skills and capacity in knowledge translation will further enhance the fellow's ability to effectively steward research results towards implementation.

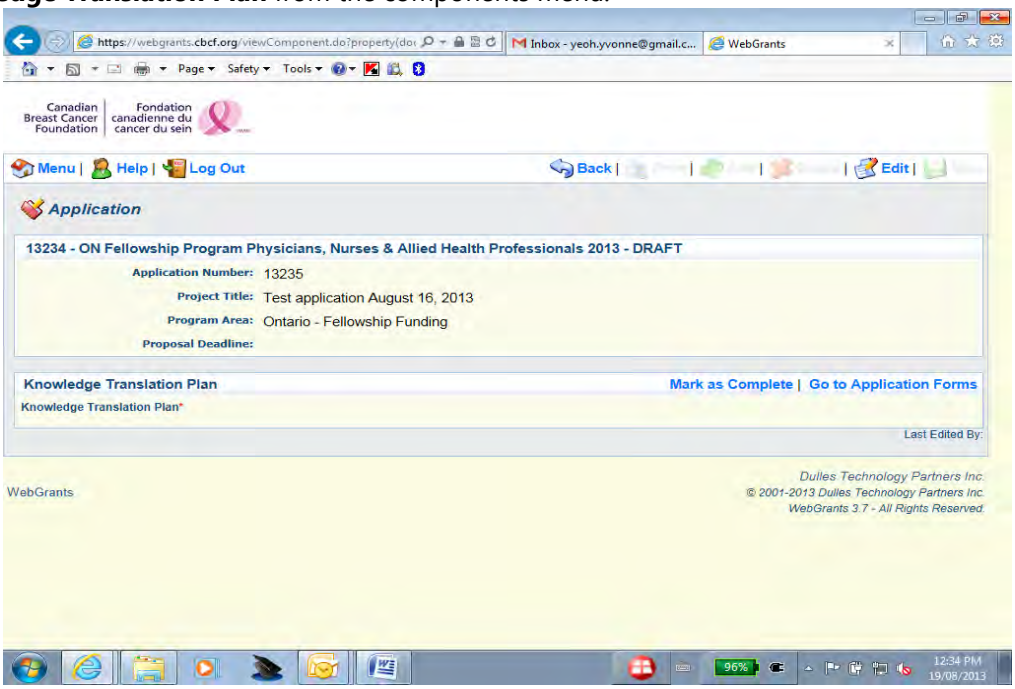
Knowledge Translation Plan Requirements:

Applicants should submit up to 3800 characters (approximately 650 words) that include the following information:

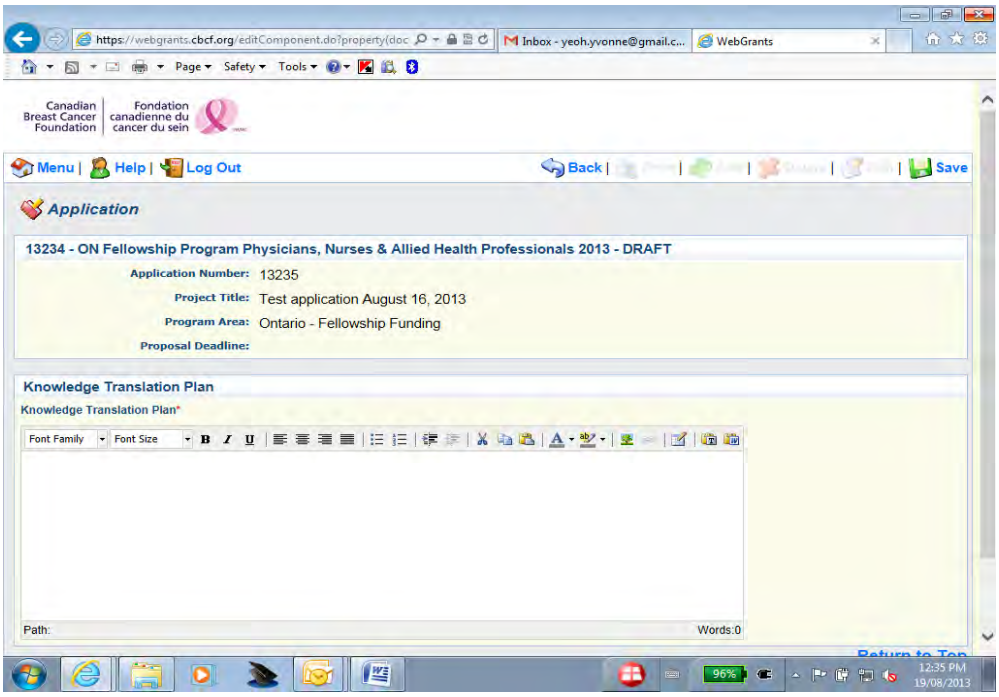
- An integrated knowledge translation plan that describes the gap this training and/or research will fill and how this was determined; who the knowledge users are who will contribute to this training and/or research, and what contact has been made with them to date, as well as plans for the duration of the award; and any contributions made to the training and/or research by knowledge users to date
- An End-of-Grant KT plan that describes not only the academic communication plan (conference presentations, peer-reviewed journal articles, etc.), but also which products (e.g. reports, fact sheets, workshops) will be targeted to broader audiences; the anticipated impact of the different end-of-grant activities, and how these will be instrumental to the implementation of your research results, and/or how the knowledge and skills gained through training will be implemented and shared
- A follow-up plan that briefly describes how the strengths and weaknesses of the KT plan will be identified, and whether the plan enhanced the use of the fellow's training and/or research results
- A KT training plan that describes details of proposed training opportunities – this could include both formal and informal training such as coursework, literature reviews, mentorship or outreach to knowledge translation experts, etc.

Note: CBCF recognizes that each plan will be unique to the type of research being pursued, and that not all research and/or training will lend itself to the wide range of KT activities available. We also anticipate that KT plans may change during the course of the award to reflect actual research findings. For additional guidance on KT planning, applicants may consult CIHR's Guide to Knowledge Translation Planning at CIHR: Integrated and End-of-Grant Approaches, or e-mail CBCF's KT staff at cbcfallocations@cbcf.org.

1. Click on **Knowledge Translation Plan** from the components menu.


Canadian Breast Cancer Foundation
Fondation canadienne du cancer du sein
Menu | Help | Log Out
Back | Edit |
Application
13234 - ON Fellowship Program Physicians, Nurses & Allied Health Professionals 2013 - DRAFT
Application Number: 13235
Project Title: Test application August 16, 2013
Program Area: Ontario - Fellowship Funding
Proposal Deadline:
Knowledge Translation Plan
Mark as Complete | Go to Application Forms
Knowledge Translation Plan*
Last Edited By:
WebGrants
Dulles Technology Partners Inc.
© 2001-2013 Dulles Technology Partners Inc.
WebGrants 3.7 - All Rights Reserved.

2. Click on the **Edit** icon at the top of the screen.


Canadian Breast Cancer Foundation
Fondation canadienne du cancer du sein
Menu | Help | Log Out
Back | Save
Application
13234 - ON Fellowship Program Physicians, Nurses & Allied Health Professionals 2013 - DRAFT
Application Number: 13235
Project Title: Test application August 16, 2013
Program Area: Ontario - Fellowship Funding
Proposal Deadline:
Knowledge Translation Plan
Knowledge Translation Plan*
Font Family
Font Size
Path:
Words:0

3. Describe your **Knowledge Dissemination Plan** in the text box provided.
4. Click on the **Save** icon to save the information that you have entered.
5. Click on the **Mark as Complete** link to return to the components menu.

8.15 Overlapping Funding for Fellow Stipend

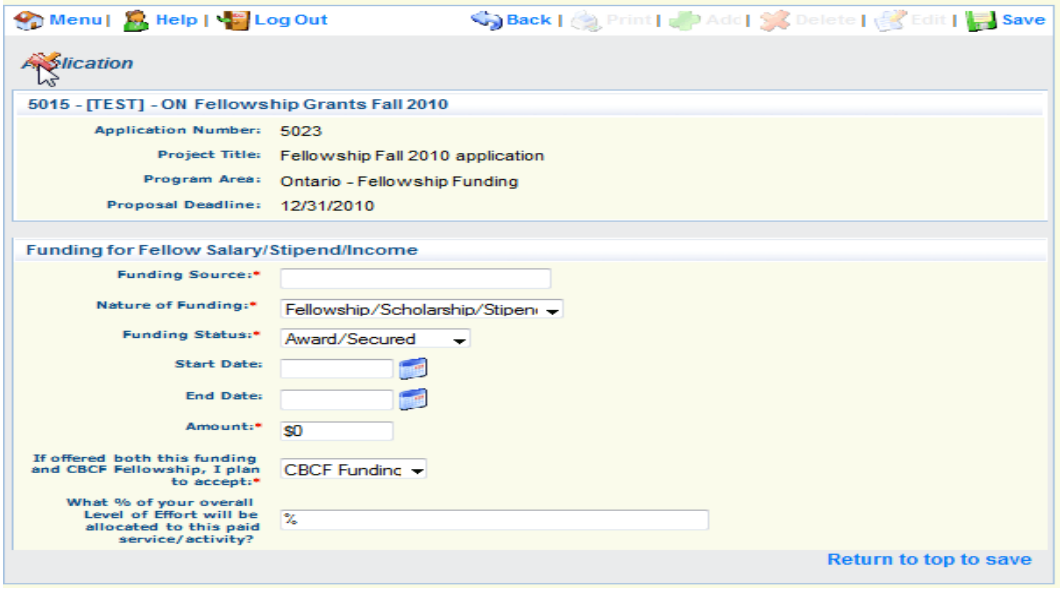
In this component, applicants must provide information concerning funding they anticipate receiving, or have applied to receive, toward their stipend during the fellowship period. This does NOT include funding for research or study-related costs such as travel, supplies, reagents, etc.
Please see Additional Information, below.

1. Click on **Funding for Fellow Stipend** from the components list.

NOTE: If *no* other sources of support are anticipated, please select the **Mark as Complete** link to indicate completion of this component and to return to the components menu.

2. If other sources of support *are* anticipated, click on the **Add** icon at the top of the screen.
3. Indicate the **Funding Source** in the first text box.
   Examples of sources include: University Departments, CIHR.

Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
lication
5015 - [TEST] - ON Fellowship Grants Fall 2010
Application Number: 5033
Project Title: Fellowship Fall 2010
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 12/31/2010
Funding for Fellow Salary/Stipend/Income
Mark as Complete | Go to Application Forms
Funding Source:
Nature of Funding:
Funding Status:
Start Date:
End Date:
Amount:
Last Edited By:


Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
5015 - [TEST] - ON Fellowship Grants Fall 2010
Application Number: 5023
Project Title: Fellowship Fall 2010 application
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 12/31/2010
Funding for Fellow Salary/Stipend/Income
Funding Source:*
Nature of Funding:*
Fellowship/Scholarship/Stipen
Funding Status:*
Award/Secured
Start Date:
End Date:
Amount:*
$0
If offered both this funding and CBCF Fellowship, I plan to accept:*
CBCF Fundinc
What % of your overall Level of Effort will be allocated to this paid service/activity?
%
Return to top to save

4. Use the drop down menu to choose the **Nature of Funding.** (Fellowship/Scholarship/Stipend vs. Income for Services Provided)
5. Use the drop down menu to choose the **Funding Status.**
6. Click on the **Calendar** icon to choose the anticipated funding **Start Date** and **End Date.**
7. Indicate the funding **Amount**. Please indicate the **TOTAL ANNUAL** amount you anticipate receiving from this source.
8. Indicate which award you would choose, from the drop down menu, in the event that CBCF Fellowship funding is awarded.
9. If the source is a paid service/activity, indicate in the last text box, what percentage of your level of effort (LOE) would be devoted to it.
10. Click on the **Save** icon to save the information you have entered
11. Repeat steps 2 to 10 for each type of funding awarded or applied for.
12. Click on the **Mark as Complete** link to return to the components menu.

Additional Information

Applicants are encouraged to apply to other funders for support concurrently with their application to the Foundation.

Fellowship recipients may not accept any other *fellowship award* concurrently with their Canadian Breast Cancer Foundation - Ontario Region Fellowship, or hold a concurrent *faculty appointment*. Applicants awarded more than one grant for financial support will be asked to choose which funding they wish to accept.

In order for Fellowship recipients to maintain their clinical and/or teaching skills, the Fellowship recipient may, with the approval of their Fellowship supervisor, engage in and receive remuneration for departmental activities contributory to the development of the Fellowship recipient. Such activities must be limited to twenty-five percent of the Fellow's time and may include, but need not be limited to undergraduate teaching and other services, provided that such activities do not adversely affect the quantity or quality of work on the approved Fellowship roject. No limit will be placed on the level of supplementary salary support received by the Fellow for such services, within the twenty-five percent of allowable time.

See *Fellowship Program and Policy Handbook* for more information.

8.16 Funding to Cover Research and Other Expenses

CBCF Fellowship funding does not directly support research expenses, travel expenses, etc. It is expected that the Fellowship recipient will have support from other sources for these items.

In this component, applicants must provide information concerning funding they anticipate receiving, or have applied to receive, toward research or study-related costs such as tuition, travel, supplies, reagents, etc. If the source of funding is from a Research Grant please attach a one-page scientific abstract for the grant (see step 9).

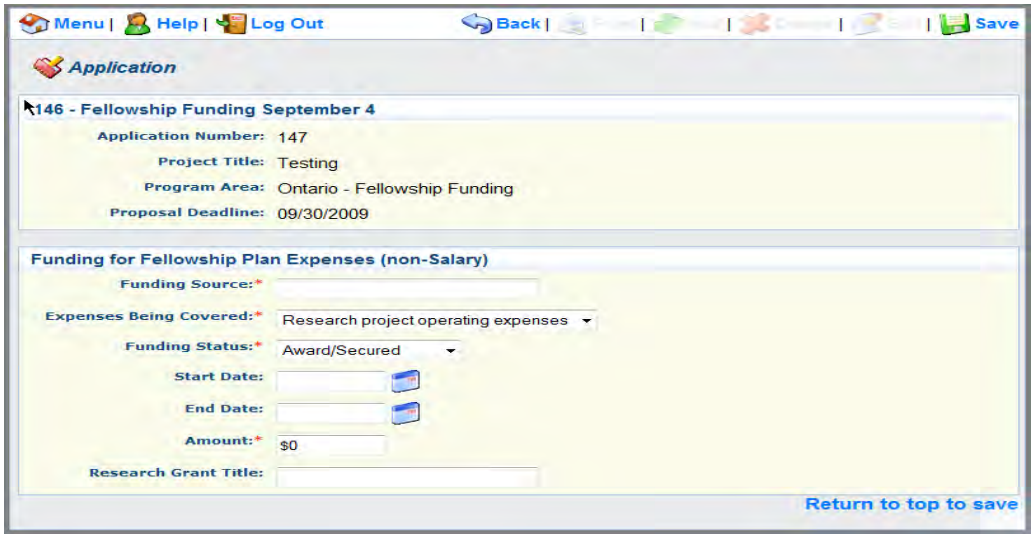
Please include in-kind or financial support from the Host Organization, supervisor's research project or other source, for the proposed investigation and/or fellowship advanced training activities.

1. Click on **Funding to Cover Research and Other Expenses** from the components list.

   NOTE: If *no* other sources of support are anticipated, please select the **Mark as Complete** link to indicate that this component has been completed and to return to the components menu.

Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
5015 - [TEST] - ON Fellowship Grants Fall 2010
Application Number: 5033
Project Title: Fellowship Fall 2010
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 12/31/2010
Funding to Cover Research and Other Expenses
Mark as Complete | Go to Application Forms
Funding Source:
Expenses Being Covered:
Funding Status:
Start Date:
End Date:
Amount:
Research Grant Title:
Abstract
Last Edited By

2. If other sources of support *are* anticipated, click on the **Add** icon at the top of the screen.
3. Indicate the **Funding Source**. Examples of sources include: University Departments, CHIR.



4. Use the drop down menu to choose the type of **Expenses Being Covered**.
5. Use the drop down menu to indicate the **Funding Status**.
6. Click on the **Calendar** icon to choose the anticipated funding **Start Date** and **End Date**
7. Indicate the funding **Amount**. Please indicate the **TOTAL ANNUAL** amount you anticipate receiving from this source.
8. If source of funding is from a Research Grant provide the **Title** of the Grant.
9. If the source is from a research project grant, Click on the **Save** icon, then attach a one-page scientific abstract by clicking on the **Attach** icon at the far right hand side, under the **Abstract** column. Browse and attach the abstract. Ensure that the abstract description clearly identifies the source to which it pertains. Files should be named as: [surname-abstract [#].pdf]

Note: Attach files that are in plain unsecured PDF format.

Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
Application
5015 - [TEST] - ON Fellowship Grants Fall 2010
Application Number: 5023
Project Title: Fellowship Fall 2010
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 12/31/2010
Funding to Cover Research and Other Expenses
Go to Application Forms
Funding Source: | Expenses Being Covered: | Funding Status: | Start Date: | End Date: | Amount: | Research Grant Title: | Abstract
University | Research project operating expenses | Award/Secured | $10,000 | Breast Cancer Research
Last Edited By: Jane Doe, 09/15/2010

10. Repeat steps 2 to 9 and/or 10 for each additional funding source.
11. Click on the Mark as Complete link to return to the components menu.

8.17 References

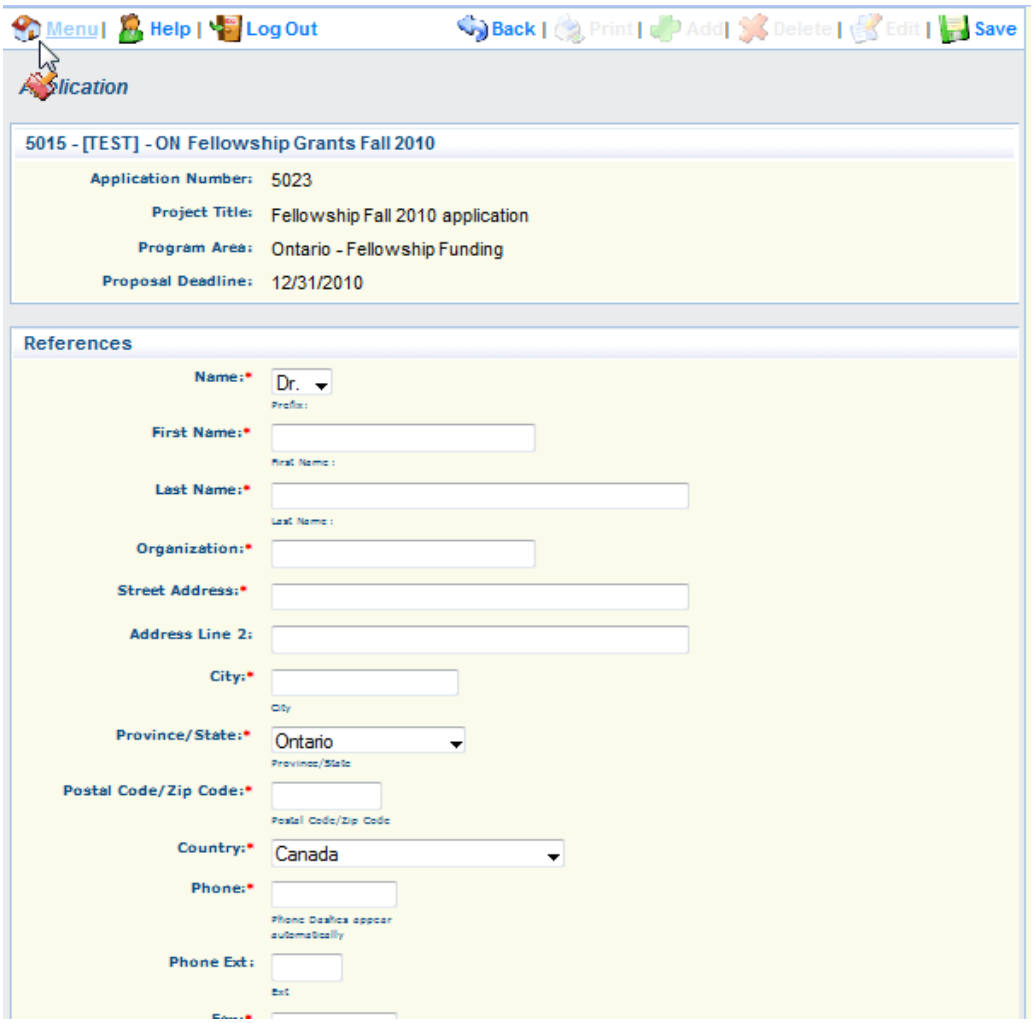
Three (3 or 4) confidential letters of reference **must** be provided. One letter of reference must be from your Primary Fellowship supervisor and Mentor (if applicable), and two must be from individuals other than the proposed Secondary Fellowship supervisor in the current fellowship application.

NOTE: Please see Additional Information below for content instructions.

Please indicate within this component the names and contact information for the two non-Supervisor referees, as well as that of your Primary supervisor and Mentor (if applicable).

1. Click on **References** from the components list.
2. Click on the **Add** icon at the top of the screen.

Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
lication
5015 - [TEST] - ON Fellowship Grants Fall 2010
Application Number: 5033
Project Title: Fellowship Fall 2010
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 12/31/2010
References
Mark as Complete | Go to Application Forms
First Name:
Last Name:
Organization:
Email:
Relationship to Reference:
Last Edited By:



3. Complete **ALL** fields on this page, using the drop down menus where applicable.
4. Click on the **Save** icon to save the information you have entered.
5. Repeat steps 2 to 4 for each referee.
6. Click on the **Mark as Complete** link to return to the components menu.

Additional Information

One letter of reference must be from the applicant's Primary Fellowship supervisor and one from the Mentor (if applicable), and two must be from other individuals who are familiar with the applicant's academic and/or professional achievements (in particular with past research and/or clinical work).

The letter from the Primary Fellowship Supervisor should include:

- a statement of support for the applicant, including an assessment of his/her career potential
- details regarding operational funding for research/clinical training expenses related to the Fellowship
- a description of the training environment and opportunities
- a statement as to the applicant's role in the project and in writing the proposal

The letter from the Fellowship Mentor should include:

- a statement of support for the applicant, including an assessment of his/her long-term career plans
- details regarding the time and communications commitment to the applicant
- a statement as to your role as the applicant's mentor

The two letters from other individuals should include a statement of support for the applicant, including assessments of the applicant, in relation to other individuals with approximately the same training and experience, in at least the following areas:

- academic and other preparation for the proposed work
- drive, motivation and career potential
- soft-skills (interpersonal, critical thinking, writing)
- research and/or clinical skills

Note: Letters of reference should be prepared in unsecured PDF format and submitted directly via email to the Canadian Breast Cancer Foundation - Ontario Region by the referees. All letters must be emailed to and received by Ms. Deanna Slapack (Email: dslapack@cbcf.org) no later than 5:00 p.m. ET, Thursday, October 15, 2015.

It is the responsibility of the applicant to follow-up with referees to ensure that letters of reference are submitted within the required timeframe. Applications missing reference letters by 5:00 p.m. ET, Thursday, October 15, 2015 will be ineligible for final review.

8.18 Attachments

This component is used to attach all other documents required as part of a Fellowship application. The following ***must*** be attached (unless noted below as optional), with descriptions of each provided:

The Fellowship Applicant must be a Canadian citizen or permanent resident of Canada, at the time of application submission. Proof of citizenship or permanent resident status must be provided. Scan of current passport, birth certificate or front and back of your permanent resident card may be provided.

- **Evidence of Canadian citizenship** Scan of (Passport [photo page], Birth Certificate) or permanent resident status (Permanent Resident Card [front and back of card]) of Fellowship Applicant.

  File Naming Convention – Citizenship :
  [surname-citizenship.pdf]

- **Official transcripts, or certified true copies of official transcripts** Official transcripts are those issued by the Registrar's Office to the applicant. The applicant may open and scan the official transcripts to upload onto WebGrants. Transcripts printed from the applicant's personal university account are not considered to be official).

  A certified true copy is defined as a copy of the original document or of the original translated document if official transcript is not in either English or French that has been certified to be a true copy of the original document by a commissioner of oath such as a notary or lawyer. The copy must bear the original signature and

stamp of the official authority.

File Naming Convention – Transcript :
[surname-transcript.pdf]

- **Certification, Registration or Licensure (if applicable)** Proof of current and valid certification, registration or licensure is issued by the corresponding Canadian, provincial or territorial regulatory body to the applicant (e.g. copy of annual membership card with expiry date). The applicant may scan the official certification to upload onto WebGrants.

File Naming Convention – License :
[surname-License.pdf]

- **Host Organization Documentation of Requested Funding** (only applicable for academic stream AHPs) Documentation from your host institution must confirm that amount of funding requested is relevant to the graduate training program for which you are applying. This can be in the form of an invoice, certification, etc.

File Naming Convention – HO Documentation :
[surname-HO Documentation.pdf]

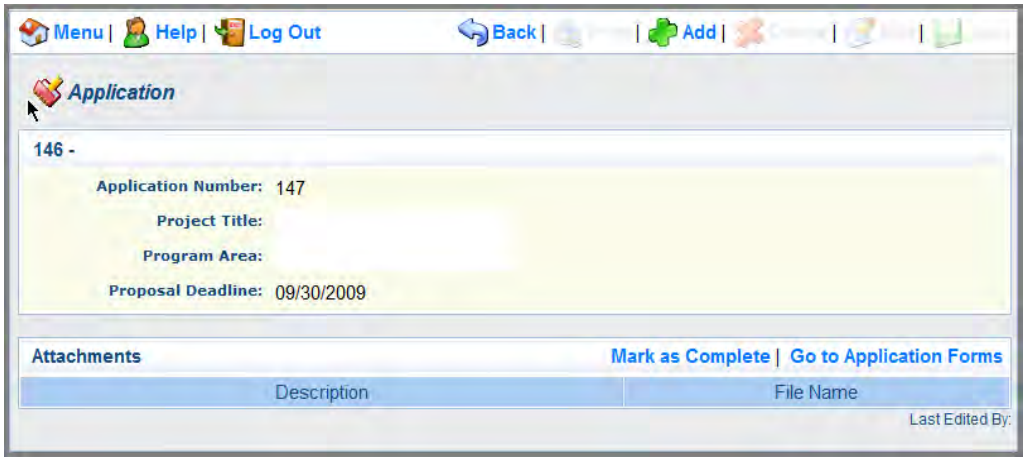
- **Letter of Collaboration** (only applicable for fellowship projects with collaborators) Letters of collaboration must confirm each collaborator's contribution to the fellowship project (or broader research project related to the fellowship project), stating the supplies, services and/or expertise to be provided. All letters of collaboration should be collated and uploaded as one document.

File Naming Convention – Collaboration :
[surname-letter of collaboration.pdf]

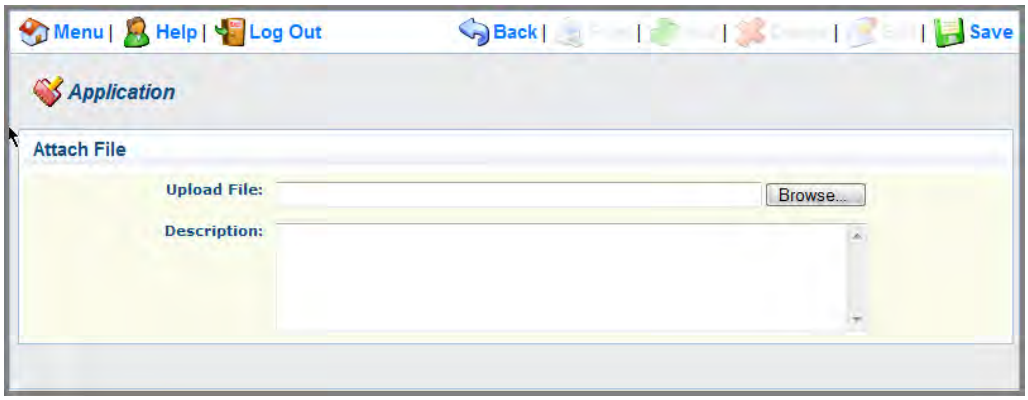
- **Additional Attachments** (optional) The provision of additional attachments is permitted to present additional background, photographic or other graphical materials. Applicants are advised that reviewers are not **obligated to review Additional** Attachments, so it is important that all essential information be contained within the ten-page Detailed Fellowship Plan and formally requested Appendices.

1. Click on Attachments from the components list.

Note: This is a required component. **Do not** select "Mark as Complete".



2. Click on the **Add** icon at the top of the screen.



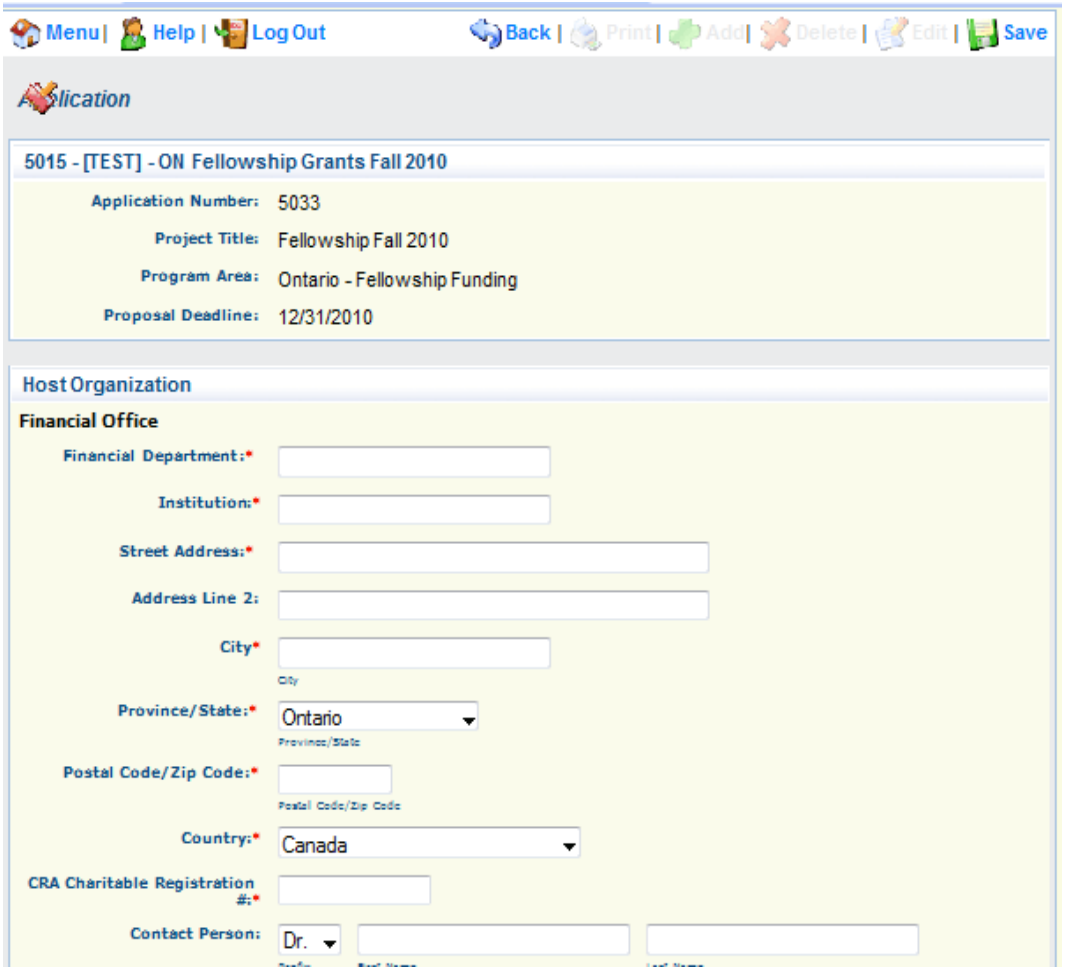
3. In the **Upload File** field, use the **Browse** function to search for the document. Please see below for **File Naming Convention**
4. In the **Description** text box provide a description of the file attachment. (This description is required to complete this component).
5. Click on the **Save** icon to save the information you have entered.
6. Repeat steps 1 to 4 for each additional attachment.
7. Click on the **Mark as Complete** link to return to the components menu.

Note: Attach files that are in plain unsecured PDF format.

8.19 Host Organization

CBCF-Ontario Region requires the identification of an eligible Host Organization within the Province of Ontario, to administer proposed fellowships that are funded. Please refer to the *Fellowship Program and Policy Handbook* for a detailed listing of Host Organization commitments and responsibilities.

1. Click on **Host Organization** from the components list.



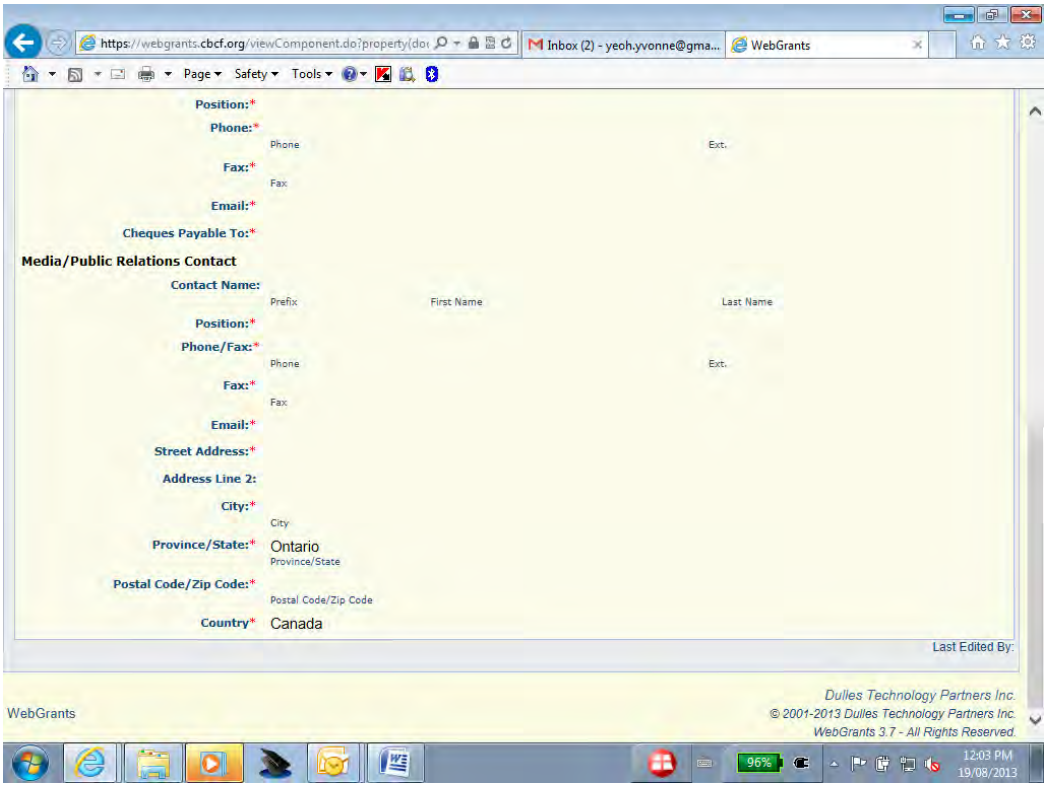
Financial Office

Approved Fellowship funds must be directed to an authorized Financial Officer at the Host Organization. The Host Organization Financial Officer is also the Foundation's key contact for financial reporting and tracking issues of approved Fellowship funding.

2. Complete **ALL** fields on this page with the Financial Office's information, using the drop down menus where applicable. (Please Note: All fields for the Financial Office are mandatory, including the Host Organization's **CRA Charitable Registration #** and the **Cheques Payable To** fields)

Media/Public Relations Contact

Media/Public Relations contact information must be provided. The designated contact is the individual who would be the media/public relations contact at the Host Organization, if the Fellowship is approved for funding.



Complete **ALL** fields on this page with the Media/Public Relations Contact information, using the drop down menus where applicable.

3. Click on the **Save** icon to save the information you have entered.
4. Click on the Mark as Complete link to return to the components menu.

8.20 Host Organization Certification

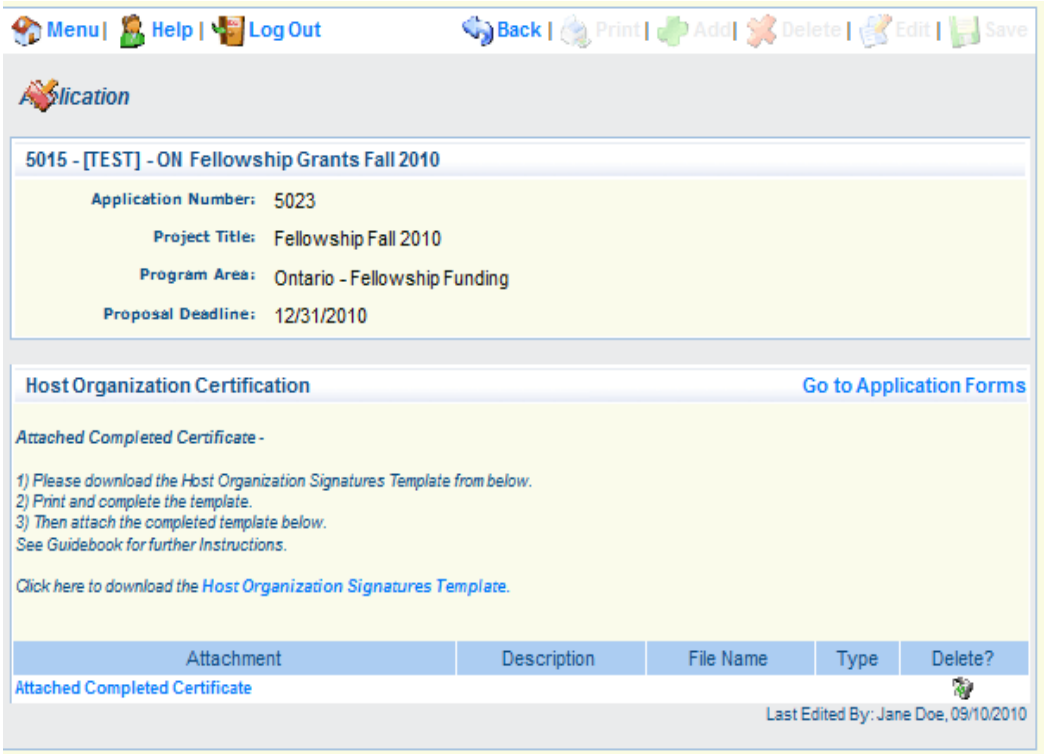
This application component certifies, through signatures from two **Project Host Organization** signing officers (Department Head or Dean and Executive Authority) that the **Project Host Organization**:

- Agrees to support the Fellowship as outlined within the application, and to abide by the funding terms as outlined in the *Fellowship Program and Policy Handbook*, for approved funding;
- Confirms that the information in the application is accurate and complete to the best of their knowledge.

The Certificate template is to be downloaded directly from this component, and should be completed, signed, scanned, and attached to this component. Where two printed copies have been signed (one by each signatories), these documents should be scanned into one file for uploading into WebGrants.

Applications without all required signatures, declarations and certifications will be ineligible for review.

1. Click on **Host Organization Certification** from the components list.
   Note: This is a required component. **Do not select Mark as Complete.**


Menu | Help | Log Out
Back | Print | Add | Delete | Edit | Save
lication
5015 - [TEST] - ON Fellowship Grants Fall 2010
Application Number: 5023
Project Title: Fellowship Fall 2010
Program Area: Ontario - Fellowship Funding
Proposal Deadline: 12/31/2010
Host Organization Certification
Go to Application Forms
Attached Completed Certificate -
1) Please download the Host Organization Signatures Template from below.
2) Print and complete the template.
3) Then attach the completed template below.
See Guidebook for further Instructions.
Click here to download the Host Organization Signatures Template.
Attachment
Description
File Name
Type
Delete?
Attached Completed Certificate
Last Edited By: Jane Doe, 09/10/2010

2. Click the link **Host Organization Signatures Template** to download the template.
3. Print the **Host Organization Signatures Template.** Have the Department Head or Dean **and** Executive Authority complete and sign the form.
4. Scan and save the completed and signed **Host Organization Signatures Template** on your computer. (Note: unsecured PDF format)

5. Return to the **Host Organization Certification** page.
6. Click on the **Attach Completed Certificate** link
7. Use the **Browse** function to browse and attach the completed and signed **Host Organization Signatures Template.**
8. In the **Description** text box provide a description of the file attachment. (This description is required to complete this component). Click the **Save** icon to save the information you have entered.
9. Click on the **Mark as Complete** link to return to the components menu.

Note: The application will not be eligible for review without the completed certification form.

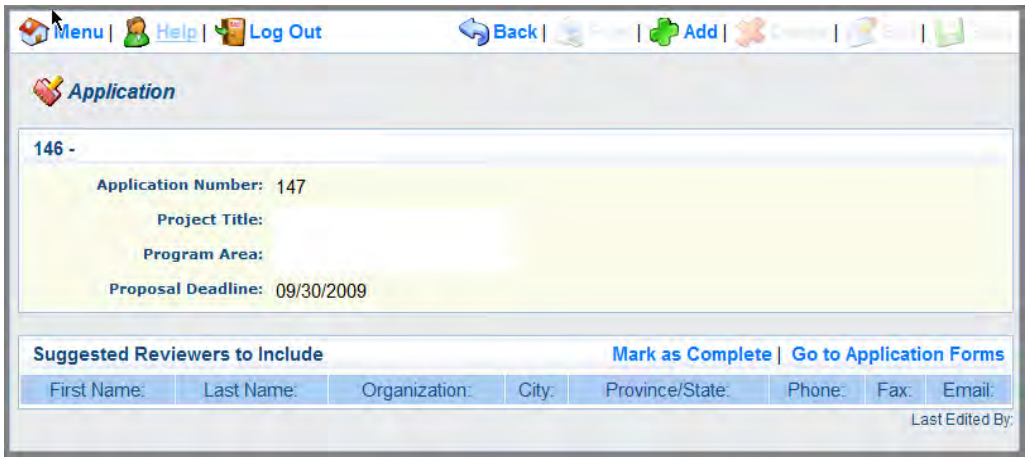
8.21 Suggested Reviewers to Include

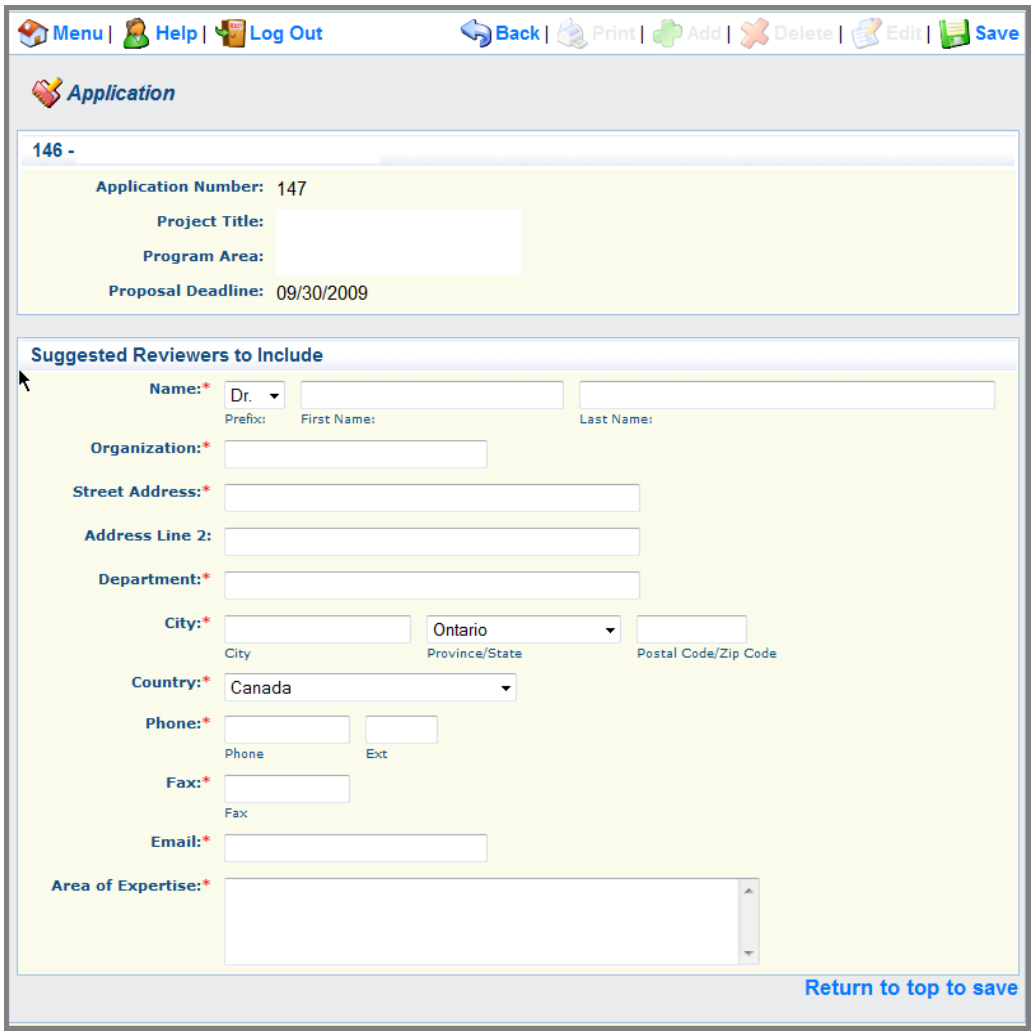
Applicants may suggest potential reviewers with appropriate expertise to assess their proposal. Suggested reviewers may be considered by CBCF for inclusion in the application assessment process, but their participation is not guaranteed.

1. Click on **Suggested Reviewers to Include** from the components list.

NOTE: If you do *not* have any reviewers to suggest, click on the **Mark as Complete** link to indicate that you have completed this component and to return to the components menu.

2. To add Suggested Reviewers to Include, click on the **Add** icon at the top of the screen.


Menu | Help | Log Out
Back | Add |
Application
146 -
Application Number: 147
Project Title:
Program Area:
Proposal Deadline: 09/30/2009
Suggested Reviewers to Include
Mark as Complete | Go to Application Forms
First Name: Last Name: Organization: City: Province/State: Phone: Fax: Email:
Last Edited By:



3. Complete **ALL** fields on this page, using the drop down menus where applicable. Click on the **Save** icon to save the information you have entered.
4. Repeat steps 2 to 4 for each additional Reviewer.
5. Click on the **Mark as Complete** link to return to the components menu.

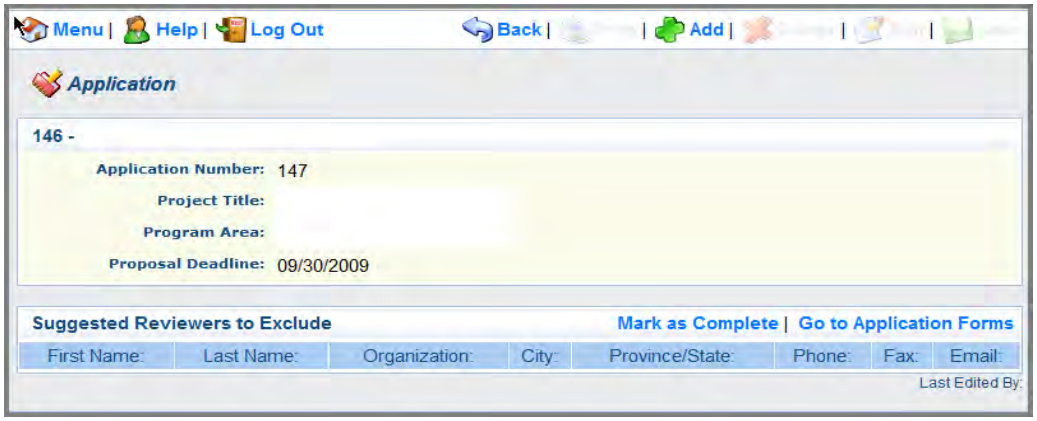
8.22 Suggested Reviewers to Exclude

Applicants may suggest potential reviewers they do not wish to assess their proposal. Potential reviewers named in this component will not be assigned by CBCF to the assessment of your proposal.

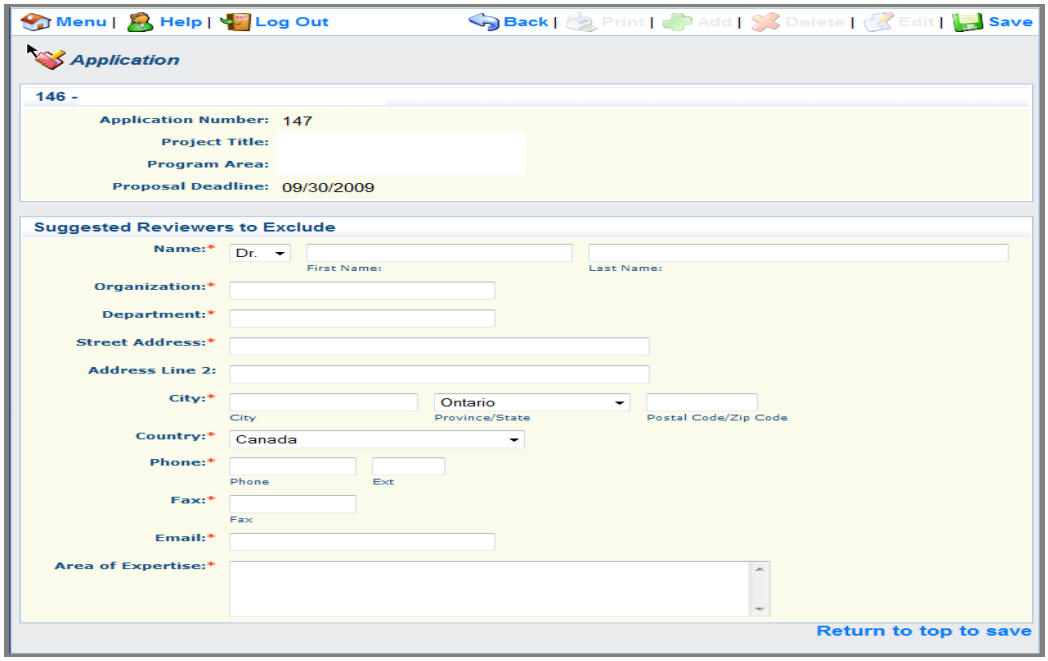
1. Click on **Suggested Reviewers to Exclude** from the components list.

NOTE: If you do *not* have any reviewers to exclude, click on the **Mark as Complete** link to indicate that you have completed this component and to return to the components menu.

2. To add Suggested Reviewers to Exclude, click on the **Add** icon at the top of the screen.


Menu | Help | Log Out
Back | Add |
Application
146 -
Application Number: 147
Project Title:
Program Area:
Proposal Deadline: 09/30/2009
Suggested Reviewers to Exclude
Mark as Complete | Go to Application Forms
First Name: Last Name: Organization: City: Province/State: Phone: Fax: Email:
Last Edited By:

3. Complete **ALL** fields on this page, using the drop down menus where applicable.
4. Click on the **Save** icon to save the information you have entered.
5. Repeat steps 2 to 4 for each additional Reviewer.
6. Click on the **Mark as Complete** link to return to the components menu.



8.23 Submitting your application for assessment

When you have completed all required application components and attachments, it is recommended that you review the application in detail to confirm that no information is missing, and no further edits are required.

Note: Only attach unsecured PDF files (no digital signature, no password protection and no watermark – no background image or stationery formatting applied)

The application can be reviewed, looking at each component individually or by clicking **Preview** link from the Main Application menu. In Preview mode, you will be able to click on the links to all attachments to ensure that they are complete.

When you have finished reviewing your application, click the **Go to Application Forms** link to return to the Components menu. Please make sure that all components are "Marked as Complete". Click the **Submit** link on the Components menu.

You will receive an error message if any component required fields are not complete. Enter any missing information and click the **Submit** link again to submit the application to CBCF for assessment.

Note: Immediately after clicking the **Submit** button, you will receive an auto-generated system message **in WebGrants** that your application has been successfully submitted. You will **not** receive a separate email in your Inbox.

After submitting your application to CBCF all screens become locked. You will be able to view your application but will not be able to make any further changes.

The Foundation will assess your submitted application for eligibility and will advise you by the notification deadline in the Fellowship Program and Policy Handbook whether your application is eligible to be assigned for formal peer review.